

MEMBERSHIP REGISTRATION FORM

The,
Director General
The Energy & Climate Initiative Society
4th Floor, Janki House, Plot No. 33, Sector 12A, Dwarka,
New Delhi - 110075
Tel.: 91-11-45444410 & 05

Photo Passport size
(Applicant)

Dear Sir,

We wish to apply for _____ Membership of the ENCIS (The Energy & Climate Initiative Society) . We are enclosing all the relevant supporting documents and our Cheque/DD No./UTR No. _____ dated _____ towards Membership Subscription plus GST drawn on _____ for Rs. _____ in favour of **"The Energy & Climate Initiative Society"**.

Please acknowledge receipt of the above and confirm our Membership.

MEMBERSHIP CATEGORY

Select Your Field

- ☐ Patron Membership ☐ Elite Membership ☐ Institutional Membership ☐ Ordinary Membership
- ☐ SME Membership ☐ Startup Membership ☐ Individual Membership

Bank Details of The Energy & Climate Initiative Society

ACCOUNT NAME : THE ENERGY & CLIMATE INITIATIVES SOCIETY | BANK NAME : ICICI BANK | BRANCH NAME : SECTOR 12A, DWARKA
CURRENT A/C NO. : 342801000115 | IFSC CODE : ICIC0003428 | SAC CODE : 998596 | PAN NO. : AAAT9105
GGST NO. : 07AAAT9105G1ZH | BANK ADDRESS : Ground Floor, Plot No-28, Sector-12A, Dwarka, New Delhi-110075, India

Yours faithfully,

(Signature of Applicant)

(Name and Designation with Company seal)

The Application is to be proposed and seconded by any two members of the ENCIS.

Proposed by

Seconded by

(Signature of Authorised Representative)

(Signature of Authorised Representative)

(Name of the Organisation)

(Name of the Organisation)

In the event of our enrollment as a _____ Member, we shall be bound by the Memorandum and Articles of Association of the ENCIS.

1. Name of the Applicant _____
2. Name of the Company _____
- 2.1 Name of the CEO/Chairman/President/Director _____

3. Address for Correspondence_____

Tel. _____ Fax _____ Mobile _____ E-mail _____

3.1 Address of Head Office (if applicable)_____

Tel. _____ Fax _____ Mobile _____ E-mail _____

3.2 Name of the person incharge at the head office _____ Mobile _____

4 Whether a :

☐ Company ☐ Partnership Firm ☐ Proprietary Concern ☐ Society ☐ Trust
☐ Others (Please Specify) _____

5. Year of Establishment _____

6. Business Interests _____

7. Authorised & Paid up Capital/Funds Deployed _____

8. Annual Turnover* _____ Annual Profit* _____

9. Name (s) of the Authorized Representative Directors /CEO/Partners/Proprietor _____

Tel. _____ Mobile _____ Fax _____

E-mail _____ Website _____

10. Permanent Account No (PAN) _____

11. GSTIN _____

12. MSME Registration No(if applicable) _____

13. Other Organisations/Associations of which we are a Member _____

14. Award(s) received, if any (Please add extra sheet if the space is not adequate) _____

*(The term "Annual Turnover" and/or "Annual Billing" will mean Gross Turnover and/or Gross Billing on "ALL INDIA BASIS" as per latest audited Balance Sheet or as indicated by the applicant.)

For Membership Details and Assistance, please contact:

Tel.: 91-11-45444410 & 05

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