



Estd.: 1941

The Jewellers' Association (R)
B e n g a l u r u

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APPLICATION
For Associate Life Membership
— — — — —



The Jewellers' Association (R)

No. 835, Sridev Shopping Arcade, 1st Floor, Nagarathpet, Bengaluru - 560 002

Phone : 080 4127 6222, Telefax : 080 2221 1037, Centrex : BSNL - 1037 / Airtel - 6222, IVRS : 2210 4316 / 4164 2666

IVRS Centrex : BSNL - 4316 / Airtel - 2666, Email : info@jab.org.in, Website : www.jab.org.in

Date :

PHOTO

APPLICATION FOR ASSOCIATE LIFE MEMBERSHIP

1	Name of the Firm / Company		
2	Address of Business (Company Seal Mandatory)		
3	Name of the Applicant (in Full)		
	Date of Birth (DD/MM/YYYY) :	Age :	Blood Group :
4	Spouse Name :	Res Ph No. :	
5	Particulars of Business :		
	a. Date of commencement of Business :		
	b. VAT No. :	c. PAN No. :	d. Fax No. :
	e. Office Phone No. : 1.	No. : 2.	No. : 3.
	f. Mobile No. : 1. (For SMS)	No. : 2.	No. : 3.
	g. Email :	h. Website :	
6	Type of Incorporation (Proprietorship / Partnership / Pvt. Ltd. / Ltd.)		
7	Nature of Business : (Bullion / Gold / Silver / Diamonds Synthetic Stones / Gems / Wholesale / Retail / Others)		
8	Whether you are an Importer / Exporter? If so state the nature of goods you import / Export		
9	Proposed by (Any Member of JAB) Name : _____ Membership No.: _____ Mobile No.: _____ Office Ph No.: _____ Known to Applicant from _____ years	Address with seal :	
10	Seconded by (Any Member of JAB) Name : _____ Membership No.: _____ Mobile No.: _____ Office Ph No. : _____ Known to Applicant from _____ years	Address with seal :	

11	Particulars of Representatives / Partners / Directors		
	1. Representative Name & Status of Relationship :	PHOTO	
	a. Date of Birth (DD/MM/YYYY) :		
	b. Mobile No. :		
	c. Blood Group :		d. Spouse Name :
	e. Email :		f. Residential Phone No.:
	2. Representative Name & Status of Relationship :		PHOTO
	a. Date of Birth (DD/MM/YYYY) :		
	b. Mobile No. :		
	c. Blood Group :	d. Spouse Name :	
	e. Email :	f. Residential Phone No.:	

Sir,

Please enroll me / us as an **Associate Maha Poshak / Associate Life Member** of this Association. I/We herewith remit ₹.250/- towards Registration Fee and Associate Life Membership Fee of ₹. _____ . I/We agree to abide by the rules and regulations of this association.

Yours faithfully,

Date: _____

Signature with Seal

Note

1. The Membership Fee with Admission Fee should be in the favor of "THE JEWELLERS ASSOCIATION".
2. The following documents to be enclosed with the membership Application:
a. Copy of VAT Registration • b. Copy of PAN Number of the Firm • c. Copy of Schedule of VAT Registration
3. No Member of the Managing Committee shall propose or second any membership application.
4. Admission to the membership of the association vests entirely with the Executive Committee. An application for membership may be rejected by the Executive Committee without assigning any reasons.
5. The Executive Committee shall approve or reject the application for membership by secret ballot not less than 75 percent of the total number of valid cast being favorable for approval.
6. Associate Maha Poshak / Associate Life Members are not eligible to vote nor contest the Board elections.
7. Associate Maha Poshak / Associate Life Members will be awarded Life membership on seniority basis.

MEMBERSHIP FEES

Associate Maha Poshak - ₹. 25,000-00

Associate Life Member - ₹. 15,000-00

FOR OFFICE USE ONLY

Verified the application and it is in order

Date of Submission		Receipt No. and Date :	
Verified on		Details of cheque	
Verified by		Membership awarded on	
Approved by		M. No. Allotted	



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