

## LIFE TIME MEMBERSHIP FORM\*

				<b>CORPUS FUND</b>	
<b>1.) Company Particulars</b>					
Name of Company/Firm					
Address					PIN
		City	State	Country	
Mobile No.		Telephone			
E-mail		Website:			
GST No.					
Correspondence Address					
Name/s of Proprietor Partners, Directors		1. _____ 3. _____ 2. _____ 4. _____			
<b>2.) Company Profile</b>					
<b>A. Category</b>	100% EOU <input type="checkbox"/>	Exporters <input type="checkbox"/>	Quarry/Mining Owner <input type="checkbox"/>	Interior Decorators <input type="checkbox"/>	
	Large Scale <input type="checkbox"/>	Importers <input type="checkbox"/>	Processing Unit <input type="checkbox"/>	Tools & Abrasives <input type="checkbox"/>	
	Medium Scale <input type="checkbox"/>	Associations <input type="checkbox"/>	C&F Agents <input type="checkbox"/>	Material Handling Equipments <input type="checkbox"/>	
	Small Scale <input type="checkbox"/>	Consultants <input type="checkbox"/>	Civil Engineer <input type="checkbox"/>	Dept of Mines and Geology <input type="checkbox"/>	
	Architect <input type="checkbox"/>	Geologist <input type="checkbox"/>	Distributors <input type="checkbox"/>	Financial Institutions <input type="checkbox"/>	
	Manufacturers/Suppliers of Machinery, Equipments <input type="checkbox"/>			Traders <input type="checkbox"/>	
	Logistics related to Natural Stone Industry <input type="checkbox"/>			Inspections / Appraisals <input type="checkbox"/>	
	Firms/Company of Ornamental Building Stones and allied industries including ancillaries and auxiliaries directly or indirectly connected with this trade and industries <input type="checkbox"/>			Others (Specify) <input type="checkbox"/>	
<b>B. Dealing in</b>	Marble <input type="checkbox"/> Blocks <input type="checkbox"/> Slabs <input type="checkbox"/> Tiles <input type="checkbox"/>			Granites <input type="checkbox"/> Blocks <input type="checkbox"/> Slabs <input type="checkbox"/> Tiles <input type="checkbox"/>	
	Sandstone			Slate	
	Flaggy Limestone			Monuments	
	Handicrafts & Artifacts			Others (Specify)	
	Value added Products				
<b>C. Year of establishment</b>					

3.) Please Tick			
Company Type	PROPRIETOR <span style="float: right;"><input type="checkbox"/></span>		
	PARTNERSHIP <span style="float: right;"><input type="checkbox"/></span>		
	PVT. LTD <span style="float: right;"><input type="checkbox"/></span>		
	PRIVATE <span style="float: right;"><input type="checkbox"/></span>		
4.) The name of maximum two person who will represent the company.			
Please attach two photograph (One for Record & one for ID Card)	Name	Please attach two photograph (One for Record & one for ID Card)	Name
	Designation		Designation
	Mobile		Mobile
	Sinature		Sinature

I / we hereby declare that information herewith finished are true & correct.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of Proprietor / Partner / Director with company seal

- I / We request you to treat Life Membership fee as contribution to Corpus Fund.
- I understand that the Admission and Membership fee once paid is not refundable.
- I understand that Membership of Stomin India will commence from the date of approval.
- Please accept the Necessary amount Rs. 21000/- + GST Rs. 3780/- (24780/-).

Please find Cheque / DD / RTGS / NEFT / UPI Rs. \_\_\_\_\_ for Rs. \_\_\_\_\_

Dated \_\_\_\_\_ drawn on \_\_\_\_\_ in favour of Stomin India Corp.

ACCOUNT : **Stone Helpline Corporation**, BANK : **State Bank of India, OLD FATEHPURA, UDAIPUR,**

A/C No.: **42701855040**, NEFT/RTGS : **SBIN0032165**

FILL THE FORM AND SEND IT TO THIS ADDRESS

## STOMIN INDIA (The Organiser : Stone Helpline Corporation )

"Arpit", 37-A, Saheli Nagar, Udaipur-313001, Rajasthan, India.

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