



LIFE TIME CONTRIBUTOR FORM*

				CORPUS FUND	
1.) Company Particulars					
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. _____			
2.) Company Profile					
A. Category	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. Dealing in	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				
C. Year of establishment					

3.) Please Tick					
Company Type	PROPRIETOR		<input type="checkbox"/>		
	PARTNERSHIP		<input type="checkbox"/>		
	PVT. LTD		<input type="checkbox"/>		
	PRIVATE		<input type="checkbox"/>		
4.) The name of maximum two person who will represent the company.					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Please attach two photograph (One for Record & one for ID Card) </div>	Name		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Please attach two photograph (One for Record & one for ID Card) </div>	Name	
	Designation			Designation	
	Mobile			Mobile	
	Signature			Signature	

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 lifetime contributor fee as contribution to Corpus Fund.
- I understand that the Admission and lifetime contributor fee once paid is not refundable.
- I understand that lifetime contributor 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)

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