

# Trade Association of Information Technology



2-O , 2nd Floor, Vijay Chambers, Tribhuvan Road, Opp. Dreamland Cinema, Grant Road ( E ), Mumbai 400004  
Ph.: 022-3295 0854 / 022-2386 1101 . Email: taitoffice@tait.in. Website:www.tait.in

## MEMBERSHIP FORM

Company Name \_\_\_\_\_ VAT No. : \_\_\_\_\_  
Address: \_\_\_\_\_ C.S.T. No.: \_\_\_\_\_  
\_\_\_\_\_ PAN No. : \_\_\_\_\_  
\_\_\_\_\_ Service Tax No: \_\_\_\_\_ (If applicable)  
Phone : 1 \_\_\_\_\_ 2 \_\_\_\_\_ FAX : \_\_\_\_\_  
Mobile : \_\_\_\_\_ Email : \_\_\_\_\_ Website : \_\_\_\_\_  
Constitution:- Proprietorship / Partnership / Public Ltd. Pvt. Ltd. \_\_\_\_\_  
Year of Estd. \_\_\_\_\_ E-Mail ID for receiving important mails for Owners/Directors: \_\_\_\_\_  
Mobile no for receiving important event notifications : \_\_\_\_\_ E-MAIL ID for receiving trade mails : \_\_\_\_\_

(Details of Proprietor / Partners / Directors of the Company)

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PHOTO

Primary Contact Person Name : _____	Secondary Contact Person Name: _____
Date of Birth : _____ Age _____	Date of Birth : _____ Age _____
Designation : _____ Blood Group _____	Designation : _____ Blood Group _____
Res. Add : _____	Res. Add : _____
Tel. No (R) _____ Mobile : _____	Tel. No (R) _____ Mobile : _____
Edu. Qualification _____ Email : _____	Edu. Qualification _____ Email : _____
DIN: _____	DIN: _____

### NAMES OF ASSOCIATED COMPANIES OVER WHICH YOU HAVE PROPRIETARY INTEREST :

Name of Company	Designation	Name of Company	Designation
1 _____	_____	3 _____	_____
2 _____	_____	4 _____	_____

I, as person having authority to do so, apply on behalf of my company for membership of TAIT. I request TAIT to accept my application for membership. I agree to support the Association to the fullest of my capabilities.

Name : \_\_\_\_\_

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

Sign : \_\_\_\_\_

- List of document to attach : 1.Copy of electricity /MTNL bill (both Residence & Office)  
2.Copy of PAN card (Both of Business & Proprietor/Partnets/Directors)  
3.Copy of VAT registration certificate  
4.Copy of 1 month of bank statement  
5.Copy of Shop & Establishment License with Registered Partnership Deed for Partnership firm OR Memorendum of Association/ Article of Association per company

# Trade Association of Information Technology



Bank Name : \_\_\_\_\_

Branch Name: \_\_\_\_\_

A/c No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_

### HOW WOULD YOU BEST DESCRIBE YOUR BUSINESS:

- |  |   |
|--|---|
| <input type="checkbox"/> Value Added Reseller                  | <input type="checkbox"/> Reseller / Trader              |
| <input type="checkbox"/> System Integrator / Solution Provider | <input type="checkbox"/> Distributor / Sub -Distributor |
| <input type="checkbox"/> Software Development                  | <input type="checkbox"/> Retailer / Online Retailer     |
| <input type="checkbox"/> OEM                                   | <input type="checkbox"/> Software Product Reseller      |
| <input type="checkbox"/> ISV Independent Software Vendor       | <input type="checkbox"/> Surveillance                   |

Proposer's Company : \_\_\_\_\_ Seconder Company : \_\_\_\_\_

\_\_\_\_\_  
Sign. & Stamp

\_\_\_\_\_  
Sign. & Stamp

### Trade references :

1 ) Company Name : \_\_\_\_\_ Contact Person : \_\_\_\_\_ Mobile : \_\_\_\_\_

2 ) Company Name : \_\_\_\_\_ Contact Person : \_\_\_\_\_ Mobile : \_\_\_\_\_

Please Tick :

One Time membership Fee of Rs. 5000/- per Company :

Annual Subscription Fee of Rs 5000 /- (Service tax extra ) for the First Member of the Company :

Annual Subscription Fee of Rs.3000/-(Service tax extra ) for the Additional Member of the Company :


Enclosed please find our chque/pay order No.: \_\_\_\_\_ Bank & Branch name : \_\_\_\_\_ dt. \_\_\_\_\_

for Rupees : \_\_\_\_\_ ( in figures ) \_\_\_\_\_ (in words)

All chques/ pay orders to be drawn in favour of "TRADE ASSOCIATION OF INFORMATION TECHNOLOGY" payable at MUMBAI  
**NEFT Detail: TAIT, Indian Bank Prarthana Samaj branch, Account No: 6239715936, IFSC Code : IDIB000P049**

### OFFICIAL USE ONLY

DATE OF ACCEPTANCE : \_\_\_\_\_ MEMBERSHIP NO : \_\_\_\_\_

REFERRED BY : \_\_\_\_\_

REMARKS : \_\_\_\_\_

NAME OF DIRECTOR : \_\_\_\_\_

\_\_\_\_\_  
ACCEPTED (Sign & Date)