

ANNEXURE "A2"

**ASSOCIATION OF CUSTOM HOUSE AGENTS THIRUVANANTHAPURAM
Application for Associate Membership**

NAME OF APPLICANT

Specify Status:

(Individual / Company (Ltd/Pvt Ltd) Firm etc)

Permanent Address: (with Phone Nos. / Fax Nos. / E-mail ID etc)

Business Address at Thiruvananthapuram (with all details)

Name of the person authorized to represent at ACHAT

Designation of the person

Specimen Signature

I / We request that I / we may be admitted as an Associate Member of the Association of Custom House Agents Thiruvananthapuram. I / We agree to abide by the rules & regulations of the Association.

Please find enclosed a Cheque / DD No. for
Rs. as Admission Fee.

Signature of Authorised Signatory

Designation

Seal

For Official use

Application taken up by Management Committee on

Recommended to GB on

Admitted as Member on

Signature of President

Signature of Secretary