

# UP DISTILLERS' ASSOCIATION

## APPLICATION FOR MEMBERSHIP

The President,  
UP Distillers' Association  
PHD House, (4th Floor)  
4/2, Siri Institutional Area  
August Kranti Marg,  
New Delhi 110016.

Dear Sir,

We hereby apply for membership of UP Distillers' Association. We have furnished full particulars of our company in the attached questionnaire and hereby declare that the same are true and correct to the best of our knowledge and belief.

**A Cheque / Draft for Rs. ....../- comprising Admission Fee of Rs......./- and Basic / Minimum Subscription fee of Rs. ....../- for year ..... is enclosed.**

Yours faithfully,

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date. \_\_\_\_\_

Designation \_\_\_\_\_

Please write in Block- Letter only.

Name \_\_\_\_\_

Address \_\_\_\_\_

Of the Co. \_\_\_\_\_

\_\_\_\_\_

To be signed by the partner, Director, Manager or any Officer duly authorised to sign.

Proposer

Seconder

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address of the Company.

Name & Address of the Company

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership No.

Elected No. \_\_\_\_\_

**REGISTER OF MEMBERS**

**UP DISTILLERS' ASSOCIATION**

1. (a) Name of the Company. \_\_\_\_\_

(b) Date /Year of Establishment. \_\_\_\_\_

(c) \*Status (Please Tick)

- Public Undertaking
- Pvt. Undertaking
- State Govt. Undertaking
- Public Limited
- Partnership.

**2. Address**

(a) Regd./ Head Office. \_\_\_\_\_

(b) Office/Factory \_\_\_\_\_  
Postal | Office \_\_\_\_\_  
Factory \_\_\_\_\_

Telegraphic \_\_\_\_\_ Office \_\_\_\_\_ Factory \_\_\_\_\_

Telephone \_\_\_\_\_ Office \_\_\_\_\_ Factory \_\_\_\_\_

Telex \_\_\_\_\_ Office \_\_\_\_\_ Factory \_\_\_\_\_

(c) Delhi address, if other than above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name (s) of Directors/Proprietor/ \_\_\_\_\_

Partners, as the case may be \_\_\_\_\_

4. **Name of the Authorised representative(s) –**  
**(Please also give the name, designation and address)**

**Main Representative**

**Alternate Representative**

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5. **Name of the authorised representative (s) if other than the above for the business of the Association.**

**Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

6. **Capital Structure** \_\_\_\_\_  
\_\_\_\_\_

7. **Annual turnover (net sales turnover in the preceding financial year excluding duties ,taxes and fee paid/payable)**

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**8. Bankers** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>9.</b>	<b>Manufacture of</b>	<b>Installed Capacity.</b>
i)	_____	_____
ii)	_____	_____
iii)	_____	_____
iv)	_____	_____
v)	_____	_____

**10. Name(s) of other Chamber(s)/Association(s) of which you are a member.**

i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

**Place** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Name** \_\_\_\_\_  
**Designation** \_\_\_\_\_

**11. Please ATTACH the following**

- a) Copy of your Distillery License
- b) Balance Sheet for past 2 years or Letter of Incorporation for new Unit.