Membership Form

Entity Details

Entity Type*		Entity Legal/Registered Name*					
Individual (Proprietorship)Organization	[Full Name					
Type of Membership*							
OrdinaryLifePatron							
I/We will be represented by the following persons whom we hereby authorize at all meetings/elections until otherwise notified.							
Representatives (Other	than the Registrant)						
Representative Salutation	Representative Name		Representative Designation				
Mr. Mrs.							
Add Representative							
Authorized Signatory Detai	ils						
	horized Signatory*	Mrs.					
Name of Authorized Signatory*		 Designation of Authori	zed Signatory*				
			• •				
Email of Authorized Signatory*)	Phone of Authorized S	Phone of Authorized Signatory*				
PAN/Aadhar Number of Authorized							
Business and Correspondence Details							
Year of Establishment*	Udyam ID (http	ps://udyamregistration.gov.in/)	PAN Number*				
GST Number, if registered (Enter Valid Goa based GST Number if claiming ITC)							
Billing Cum Correspondence Address(Mandatorily in Goa)*							
Landline/Mobile(For Corresponde	nce and Membership Communication	on)* Email (For Correspond	ence and Membership Communication)*				
Website(Optioal)		Entity Classification	*				
			 Individual/Proprietary Firm Partnership Firm 				
(
Are you a Woman Entrepreneur	?*	Pvt. Ltd. Co.	npany (OPC)				
Yes		Public Ltd. Co. MNC					
□ No		Corporation					
		 Co-op Society NGO/Self Help C 	Group				
		Commercial Ass					

Sector(Multiple can be selected)	*						
 Accountancy Agro/Environmental Banking/Finance/Insurance Chemical/Petrochemical Consultancy Education/Training 	EngineeringEntertainment	 Hotel & Restaurant IT/ICT/Software Legal Machinery/Equipment Manufacturing Marine Products 	 Media & Advertising Mining,Pharma/Medical Poultry & Dairy Retail Real Estate/Property Shipping 	 Travel & Tourism Telecom/Communication Trade (Import/Export) Transport/Warehousing Other 			
Professional(Multiple can be selected, select Others if NA)*							
 Architect Auditor Chartered Accountant Consultant Doctor Faculty of Educational Institution 	 Surveyor Company Secreta Engineer Lawyer Other 	ary					
Paid Up Capital/Capital in Rs.*	Major Activ	rities*	Number of Employees	*			
 Less Than 5 Lakhs 5 Lakhs - 50 Lakhs More than 50 Lakhs 		facture of Agent(s) of, S.					
Branches if Any(Please specify the	e address)						
Shareholders/Directors/Partners Details Shareholder/Partner/Directors Details(Max5)*							
Shareholder/Partner/Director Salutation	Shareholder/Partner/Director Name	Shareholder/Partner/Director Address	Shareholder/Partner/Director Nationality	Shareholder/Partner/Director Holding %			
Mr. Mrs.							
Add Shareholder/Partner/Director							
Names of Other Group Companies:pls. specify membership no. if member of GCCI Documents/Attachments Max Size 20 MB (Use ZIP extensions ONLY to compress multiple documents)*							

 $\hfill\square$ I/We declare that I/We have never been convicted for offence indicating moral turpitude

 $\hfill\square$ I/We therefore request you to enlist me/us as a member of the Chamber