



Membership Application Form

Membership No. (For office purpose)

I/We hereby apply to become a Member of Active Telugu Film Producers Guild and, if enrolled, agree to be bound by the Memorandum & Articles of Association and rules of the time being in force.

1. Office Address :
.....
.....
Tel.No.(India):..... Email:.....
Website :.....

2. Registered Office Address :
(if different from above)
.....
Tel.No.(India):..... Email:.....
Website :.....

3. Please address all correspondence/email to the office/registered office address (*Please tick one*) for the attention of Authorised Representative as follows:-

Name Designation
Mobile No. Email id

4. Date of Incorporation : Registration No :

5. Nature of Constitution : Sole Proprietor Partnership Individual
 Limited Company Limited Liability Partnership

6. Name of Directors/Partners: (Attach list of Directors if more than 4)

1) Mobile No. Email id
2) Mobile No. Email id
3) Mobile No. Email id
4) Mobile No. Email id

7. Mode of Payment

1) **Cheque**

Cheque No. Date Drawn on (Bank & Branch)

2) **NEFT**

UTR/IMPS No.

Payee Details:

Account Name -

Bank and Branch Name -

Account No - , IFS Code -

8. GST Details (For Invoice Purpose)

GSTIN Number : (Please attach copy of GSTIN Certificate)

(Please provide 2 passport size photographs each of Authorised Representative/Director(s) for membership card)