



**ANDHRA PRADESH FOOD PROCESSING INDUSTRIES FEDERATION**

2<sup>nd</sup> FLOOR, LAASYA TOWERS, ABOVE BOMBAY JEWELERS, NEAR DV MANOR HOTEL,  
VIJAYAWADA 520010. [ANDHRA PRADESH - INDIA]

Cell: 7680006906 Website : www.apfpif.com

Application Form	
Name of the Organization	
Line of Activity	
Name of the Applicant	
Designation	
Mobile No	
Full Address	
Pincode :	
Email ID	
Website:	
Alternate Contact Person / PA	Mobile No:
Designation	Mail ID:
Constitution of Business	Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> H U F <input type="checkbox"/> Government <input type="checkbox"/> P S U <input type="checkbox"/> Company (Private) <input type="checkbox"/> Company(Public) <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/>
Year of Establishment	GST No:
Company Regn. No.	PAN:
Main Line of Business	Manufacturing <input type="checkbox"/> Trade <input type="checkbox"/> Exports / Imports <input type="checkbox"/> Others <input type="checkbox"/>
Subscription Amount	
One Time Admission Fee : 5,000/-	
<b>Membership Annual Subscription</b>	
1. Associate Members : 5,000/-	<input type="checkbox"/>
2. Corporate Members : 25,000/- (Food Parks & Companies with Rs 50 Cr + Turnover)	<input type="checkbox"/>
3. Affiliate / Associations / Educational Institutions : 5,000 /-	<input type="checkbox"/>
Bank Details	
Bank Name : Syndicate Bank	
Account Name : Andhra Pradesh Food Processing Industries Federation	
Account No : 33431010006192	
IFSC Code : SYNB0003343	Branch : Labbipet, Vijayawada

**Additional Information**

- A. Every applicant shall pay the specified one time admission fee and subscription for the current year.
- B. All Payments shall be made by Demand Draft / Cheque / RTGS/ favouring “ Andhra Pradesh Food Processing Industries Federation”
- C. Along with the application please attach Company Incorporation Certificate & PAN
- D. For Individual applications please attach personal Aadhar & PAN as a supporting Documents

**Declaration**

I/We solemnly affirm that the information furnished in this Membership Application Form is true and correct to the best of my/our knowledge and in case of any change; I/we undertake to inform association promptly. I/We understand that membership of the association is subject to acceptance of this application.

Date:

Signature of the Applicant (with seal)

For Office Use

Mode: Cash  Cheque / DD  RTGS

Date:

Bank & Branch:

Application Received on :  
Application Verified on :  
Membership No :  
Receipt No:  
Any Other Information :

Application Scrutiny on :  
Authorized Person :  
Designation :

Signature