

**MEMBERSHIP APPLICATION FORM**

The Secretary General,  
INDIAN FLEXIBLE INTERMEDIATE BULK CONTAINER ASSOCIATION (IFBCA)  
CIN: U91990DL2004NPL332076  
1210, Hemkunt Chambers,  
89 Nehru Place New Delhi 110019, INDIA

Dear Sir,

We wish to apply for Associate or Ordinary Membership of IFBCA. We agree with the objects of the Association and undertake to abide by its rules and regulations as framed by its Governing Committee. We enclose herewith a Demand Draft/ Cheque/ NEFT for Rs. \_\_\_\_\_ vide DD/ Pay order/ Cheque/ NEFT - UTR No. \_\_\_\_\_ dt. \_\_\_\_\_ towards amount payable including One-time Registration & Entrance Fee and Annual Membership Subscription for one year.

*(Please refer "Total Amount" column in Subscription Amount Table at Page 4 below. Total Amount includes Goods & Service Tax as per rules)*

The Company Data and other information required to formally enroll us as a Member of IFBCA is attached with this application.

Yours faithfully,

(Signature of Chief Executive Officer/ Managing Director/  
Director/ Partner/ Proprietor)

Seal of the company

Date: \_\_\_\_\_

Place: \_\_\_\_\_

List of Enclosures:

- a)
- b)
- c)
- d)

**Note:** If an existing Member has referred you for IFBCA Membership, please provide us details:

Name of person \_\_\_\_\_ Name of Company \_\_\_\_\_



**FOR OFFICE USE ONLY**

Date of Receipt of Application \_\_\_\_\_ By Courier/ Speed post/ Email/ By Hand \_\_\_\_\_

Demand Draft/ Cheque/ NEFT No. \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Branch \_\_\_\_\_

Documents Received \_\_\_\_\_

Information sent to Governing Committee \_\_\_\_\_ Proposed for \_\_\_\_\_ GC Meeting dt \_\_\_\_\_

Additional Information Requested \_\_\_\_\_

\_\_\_\_\_  
Secretary General / Vice President/ President

**COMPANY PROFILE**

Name of Company / Organization \_\_\_\_\_

Website \_\_\_\_\_

Name of CEO / MD / Director / Partner \_\_\_\_\_

**Registered / Corporate Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN Code \_\_\_\_\_ State \_\_\_\_\_

Telephone No(s). \_\_\_\_\_ Fax No. \_\_\_\_\_

**Address of Factory**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN Code \_\_\_\_\_ State \_\_\_\_\_

Telephone No(s). \_\_\_\_\_ Fax No. \_\_\_\_\_

**Correspondence Address**

(if different from Registered /Corporate) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN Code \_\_\_\_\_ State \_\_\_\_\_

Telephone No(s). \_\_\_\_\_ Fax No. \_\_\_\_\_

	Principal Nominee	Alternate Nominee
Name in full		
Designation		
City		
Telephone no/s.		
Mobile no.		
E-mail ID		

E-mail IDs (please provide at least two e-mail IDs and tick appropriate boxes):

		Weekly Report/e-newsletter	Business Enquiries	Programme Announcements	Policy Matters	Membership Renewal	General / others
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Company Profile** (approx. 250 words)

<b>Management Details</b>			
S. No.	Name	Designation	Writeup
1			
2			
3			

<b>Products' Description</b> (10 products max)		
S. No.	Product's Name	Description
1		
2		
3		
4		
5		

6		
7		
8		
9		
10		

**Please provide the information requested below which is mandatory**

1. **Production Capacity FIBC: Unit 1/ Unit 2/ Unit 3/ Unit 4 /Grand Total**\_\_\_\_\_ MT Per Annum
2. **Actual Production FIBC: Also Unit wise (to be given for last 6 months only) MT**\_\_\_\_\_
3. **Certifications** Please Tick (ISO 9000 / ISO 22000 / BRC / AIB) Any Others \_\_\_\_\_
4. **Annual turnover Last Financial Year Rs.** \_\_\_\_\_
5. **Exports Last Financial Year Rs.** \_\_\_\_\_

Please annex additional sheets wherever required with application.

6. \*Please submit a certificate from your statutory auditors. *Please Annex with Application*

**(A) Industry Registration**

Category	Code	Select
Domestic Tariff Area	DTA	<input type="checkbox"/>
Plastics Manufacturing Cluster	PMC	<input type="checkbox"/>
Export Oriented Unit	EOU	<input type="checkbox"/>
Special Economic Zone	SEZ	<input type="checkbox"/>
Textiles Manufacturing Cluster	TMC	<input type="checkbox"/>

**(B) Industry Size**

Category	Code	Select
Small Scale Industry	SSI	<input type="checkbox"/>
Medium Scale Enterprise	MSE	<input type="checkbox"/>
Large Scale Enterprise	LSE	<input type="checkbox"/>
Foreign Enterprise	FE	<input type="checkbox"/>
Other (Please specify) / None	OTH	<input type="checkbox"/>

**(C) Central Excise Classification used with Chapter Heading and HSN Code wherever applicable**

Product	Domestic	Export
<b>Tape</b>		
<b>Fabric</b>		
<b>Small bags</b>		
<b>FIBC's</b>		
<b>Any others: please specify</b>		

I hereby confirm that our company manufactures FIBC's from an integrated facility and all information submitted herewith is true to the best of my knowledge. In case any information is found to be untrue my application and membership is liable to be cancelled.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

CIN No of Company: \_\_\_\_\_

Incorporation Certificate dt.: \_\_\_\_\_

Memorandum & Articles of Association dt.: \_\_\_\_\_

Or Partnership Deed / Proprietorship Deed dt.: \_\_\_\_\_

*Please Annex the above documents with Application*

Seal of Company

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***Signature of Chief Executive Officer /  
Managing Director / Director / Partner / Proprietor***

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**PROPOSED BY**

Name & Designation \_\_\_\_\_  
Signature \_\_\_\_\_  
Company \_\_\_\_\_  
Place & Date \_\_\_\_\_  
City & Region \_\_\_\_\_

Name & Designation \_\_\_\_\_  
Signature \_\_\_\_\_  
Company \_\_\_\_\_  
Place & Date \_\_\_\_\_  
City & Region \_\_\_\_\_

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**ELIGIBILITY FOR MEMBERSHIP**

1. The Company applying for membership should have manufactured and sold an average of 150 MT of FIBCs per month in the preceding six months before the date of application duly certified by your Statutory auditors
2. Such production facilities should be done from integrated manufacturing unit duly certified by your statutory auditors.
3. The membership request form should be proposed and seconded by existing members of the Association
4. Please submit a copy of your audited financials for the preceding financial Year.
5. The membership form so received complying with the above criteria will be placed before the General Committee for consideration and approval at the next Governing Council Meeting.
6. Such membership request may be put to vote and decision of the GC on admission shall be final and binding on the member applicant

**Annexure 3 (For Subscription Category)**

**Annual Membership Subscription (Amounts in Indian Rupees)**

Category - Associate Member *	Registration Fee	Entrance Fee (One Time)	Annual Subscription	Goods & Service Tax 18 % on all charges	Total Amount & Signature	Please Tick as Acceptance
Indian FIBC Manufacturer	5,000	1,00,000	1,50,000	45,900	3,00,900 - 1 <sup>st</sup> year	<input type="checkbox"/>
I agree to Upgrade to Full Membership in 2nd year.		2,00,000	1,50,000	63,000	4,13,000 - 2 <sup>nd</sup> year  Signature	

Or

Category – Ordinary/ Full Member **	Registration Fee	Entrance Fee (One Time)	Annual Subscription	Goods & Service Tax 18 % on all charges	Total Amount & Signature	Please Tick as Acceptance
Indian FIBC Manufacturer	5,000	3,00,000	1,50,000	81,900	5,36,900 - 1 <sup>st</sup> year	<input type="checkbox"/>

**IMPORTANT NOTES:**

- Annual Membership Fee is payable in April every year.
- For New Membership the full fee will be paid at the time of admission of the member for the entire financial year and a pro-rata adjustment will be made in the second financial year depending on date of admission; April - September (100 % payable), October to March (50 % payable).
- Annual Subscription & GST are subject to change as per Association Mandate and Government of India Rules.

**Payment details:**

- Payments by DD/ At Par Cheque in favour of **“Indian Flexible Intermediate Bulk Container Association”** or **"IFIBCA" payable at New Delhi**
- Bank details for IFSC/ NEFT/ RTGS:  
Bank: HFDC Bank Ltd.  
Branch Address: G 2 -3, Hemkunt Chambers, 89 Nehru Place, New Delhi 110 019  
Branch Code No.: 1374  
IFSC CODE No.: HDFC0001374  
Beneficiary: Indian Flexible Intermediate Bulk Container Association  
A/c No.: 50200021538571  
GSTIN No.: 07AABCI8574P1ZT  
PAN No.: AABCI8574P  
TAN No.: DELI14153G

**\* Category - Associate Member:**

- I agree to pay for Associate membership Rs. 3,00,900/- (Rupees Three Lakhs Nine Hundred only) for 1<sup>st</sup> year with No Voting rights.
- I agree to Upgrade from Associate to Full/ Ordinary Membership and pay Rs. 4,13,000/- (Rupees Four Lakh Thirteen Thousand Only) in 2<sup>nd</sup> year with Full Voting rights

**\*\* Category – Full/ Ordinary Member:**

I agree to pay Full/ Ordinary Membership Rs. 5,36,900/- (Rupees Five Lakh Thiry Six Thousand Nine Hundred Only) in 1st year with Full Voting Rights.

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**FOR OFFICE USE ONLY**

Date of Receipt of Application \_\_\_\_\_

Proposed by \_\_\_\_\_

Seconded by \_\_\_\_\_

Put up to Governing Committee at \_\_\_\_ GC dt \_\_\_\_\_

Place & City \_\_\_\_\_

Membership ID \_\_\_\_\_

Admission date \_\_\_\_\_

Zone \_\_\_\_\_

Approved / Not Approved \_\_\_\_\_

Remarks if Any \_\_\_\_\_

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Secretary General

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Vice President

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President