**To**

Secretary

The All India Glass Manufacturers’ Federation

812 New Delhi House, 27 Barakhamba Road

New Delhi – 110 001

**Application for enrolment as Affiliate Member** *(Foreign Companies)* **of the AIGMF**

Dear Sir,

I / we wish to be enrolled as an Affiliate Member of The All India Glass Manufacturers’ Federation. I / we enclose a Cheque / Demand Draft No. ……………………. dated…………………….. for US $ 826/- towards Membership, of which US $ 200/- is the admission fee, US $ 500/- as annual subscription for the year 2024-25 and US $ 126/- is GST @ 18%.

**or**

I / we enclose a Cheque / Demand Draft No. ……………………….. dated…………………………. for US $ 2124/- towards Membership, of which US $ 1800/- annual subscription for 5 years and US $ 324/- is GST @ 18%.

**Payment can also be remitted through wire transfer. Our Bank Details are as under:**

|  |  |
| --- | --- |
| Account No. | : 0411156983 |
| Name | : The All India Glass Manufacturers' Federation |
| A/c Type | : Saving Account |
| Bank | : Kotak Mahindra Bank |
| Branch | : NEW DELHI CP INNER CIRCLE |
| SWIFT Code | : KKBKINBB |

**I / we are associated with the Glass Industry as:**

(a) Manufacturers of raw materials/machinery required by the Glass Industry. (Please state the details of item

handled)

(b) Suppliers of raw material/moulds/spare parts/machinery etc. required by the Glass Industry

(Please specify details)

(c) Agents / Stockiest of Refractories or any other items of use to the Glass Industry. (Please state the details of Principal, etc.)

(d) Consultants

(e) Any other capacity

I / we agree to abide by the Rules & Regulations of The All India Glass Manufacturers’ Federation.

The name of our Representative shall be ………………………..…………………………Signature………………………..…………………

 Company Seal:

Address: ……………..……………………..…………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………… Tel : ……………..……………………..………………………….. Fax : ……………..……………………..…………………………..

Mobile : ……………..……………………..………………………….. Email : ……………..……………………..…………………………..

GSTIN : ……………..……………………..………………………….. CIN : ……………..……………………..…………………………..

***----------------------------------------------------------(For AIGMF office use only) ----------------------------------------------------------***

Approved in Meeting of the Executive Committee held on …………………………..

**Note:** Cheque for payment of subscription and admission fee to be drawn in favour of The All India Glass Manufacturers’ Federation payable at New Delhi.