FOR OFFICE ONLY

Date of Admission						
ype of Membership						
No. & Date of Mg. Committee at which the Application was						
	Signature o	f Secretary				
	Endorseme	nt by Presid	lent			

- 1. Self Attested copy of GST Registration Certificate.
- 2. Self Attested copy of PAN Card / Aadhar Card.
- 3. Self Attested copy Of IT Return.
- 4. Self Attested copy Of DIN and Copy of Board Resolution (if Company).

For Affiliated Members

- 1. Copy of Resolution Passed by Committee.
- 2. Copy of Bye-Law along with the Minutes.
- 3. Copy Of Certificate of Incorporation of Registration of Companies/ Registrar of society.
- 4. For STUDENT CATAGORY/RESEARCH ASSOCIATE, Candidate should Submit Valid Proof of Testimonials from Concerned HOD/Head of Institution.

Our Bank Details

South Indian Bank Ltd, Feroke Branch, Kozhikode Account No: 0134073000062775 Account Name: Kerala Exporter's Forum IFSC Code: SIBL0000134 SWIFT Code: SOININ55



KERALA EXPORTER'S FORUM



Regd. with NITI Aayog, Govt. of India
Approved by Directorate General Foreign Trade, Ministry of Commerce, Govt. of India
Reg off V/449 Calicut International Airport, (P.0), Kerala. Pin 673647

Adm Off: 12/475-M, South Beach, Calicut - 673001

E-MAIL: mail.kef2020@gmail.com



APPLICATION FOR MEMBERSHIP

www.kef.in

(Please fill all Columns in Capital Leters)



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RECEIPT NO.						MEI	MBERS	SHID N	ın	
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1. NAME OF FIRM/ COMPANY/ ORGANISATION/ ASS	OCIATION									
2. CONSTITUTION OF APPLICANT										
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PROPRIETORSHIP/PARTNERSHIP FIRM	ASSOC	CIATION/	TRADE E	BODIES						
3. TYPE OF MEMBERSHIP APPLIED FOR										
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Ordinary Membership Institutiona	al 3i	tudent/	Reseal	CIIFE	lluw					
4. NAME OF REPRESENTATIVE/REPRESENTATIVES										
1)										
2)										
3)										
5. DESIGNATION OF THE REPRESENTATIVE/REPRES	ENTATIVES									
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MG PARTNER/EXE PARTNER/CEO PROPI	PRIETOR				_					
6. TYPE OF BUSINESS/ PROFESSION		_								
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SERVICE EXPORTER										
IMPORT/EXPORT										
SERVICE CATEGORY										

7. OFFICE AD	DRESS																					
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YEAR OF EST	ABLISH	MENT	/YEA	R OF	INCO	RPOF	RATIO	N														
8. Declara	ation																					
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Seal & Signature of the applicant/ Representative

PROPO	SER								SEC	CONE	DER						
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Name																	
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