



MEMBERSHIP APPLICATION FORM

Part -1. APPLICANT PERSONAL DETAILS

Name			
Designation			
Phone No.			
E mail			
Address			
Applying for	<input checked="" type="checkbox"/> Individual Membership	<input checked="" type="checkbox"/> On Behalf of Business/Industry	

Part -2. COMPANY PROFILE

Name of the Company (As Registered)				
CIN & Date of Registration				
Type of Company	<input checked="" type="checkbox"/> Pvt Ltd.	<input checked="" type="checkbox"/> Public Ltd	<input checked="" type="checkbox"/> LLP	Others _____
Registered Office Address				
Statutory Tax Registrations	PAN		TAN	
	GSTIN			
Affiliations with other Associations	No	Yes	Please specify the name of the association	
Other Accreditations (if any)				
Min. Consumer Affairs Declaration Form File No. & date of submission				
Any legal prosecutions on Company or Management personnel	No	Yes	Please give detail in a separate note as affidavit.	
Name of the cities / states having offices				
ABOUT MANAGEMENT				
Managing Director or Key person of the company	Name			
	Phone No.			
	E mail			
Other Directors	Please mention their details separately on letterhead as Annexure 4			
Company Representative Coordinating with IAAS	Name			
	Designation			
	Phone No.	Mob _____	Phone _____	
	E mail			

Part-3. ABOUT BUSINESS – PRODUCT / SERVICES DOCUMENTATION

Nature of Business	DS Company	Vendor	Service Provider	Consultant	
Dealing in Products	Mention category				
Source of Product	<input checked="" type="checkbox"/> Self Manufacturing	<input checked="" type="checkbox"/> Contract manufacturing	<input checked="" type="checkbox"/> Self Import	<input checked="" type="checkbox"/> From importer	<input checked="" type="checkbox"/> From Company dealer
Dealing in Services	Mention category				
Source of Services	State nature of service				
Source of Services	<input checked="" type="checkbox"/> Self-Developed or designed	<input checked="" type="checkbox"/> Engaged as reseller of a company	<input checked="" type="checkbox"/> Any other please specify		
Trademark Registration	Company Logo Yes / No		Product Brand name(s) Yes / No		

Part-4. BUSINESS PLAN DETAILS & COMPENSATION SYSTEM

Business Plan / Model				
Business Closing Frequency	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Fortnightly	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Other Pl mention
Confirmation to be given on business plan Parameters as per the requirements of Direct Selling Model Guidelines	Compensation on recruitment			Yes / No
	Inventory overload prevention			Yes / No
	Registration/entry fee			Yes / No
	Distributor Agreement			Yes /No
	Cooling off period			Yes / No
	Products Buy-back Policy &time frame If Yes, specify the No. of days			Yes / No —
	ID Cards Issued to the Distributors			Yes / No
	Maintenance of KYC of the Distributors			Yes / No
	Grievance redressal process			Yes / No

Part-5. SERVICE ARRANGEMENT – OTHER MISCELLANEOUS INFORMATION

Website Details	Website (s) name	
	Grievance redressal link	
	Feedback Form Link	
Names of Professionals engaged with Company	Auditors	
	Taxation Consultant	
	Company Secretary	
	Software provider	
	Legal Counsel	

Part-6. MEMBERSHIP DETAILS

Types of Membership	<input checked="" type="checkbox"/> Industry Individual Membership ₹50K/Lifetime	<input checked="" type="checkbox"/> Industry Membership ₹500K/Lifetime
---------------------	--	--

Part-7. SCRUTINY FEE AND PAYMENT DETAILS

An amount of Rs _____ to be paid towards Scrutiny Fee for processing of this application by cheque in favor of IAAS .	
PAYMENT REMITTANCE DETAILS	
Cheque No. /DD/UPI/RTGS/NEFT	
Bank Name	
Date	

Date:

.....

Signature & Seal

Place:

name & Designation

***** End of Application Form*****

FOR OFFICE USE, TO BE FILLED BY SCRUTINY COMMITTEE MEMBERS		
Application Status	<input checked="" type="checkbox"/> Approved	<input checked="" type="checkbox"/> Rejected
1.	2.	
3.	4.	
Remarks:		
Membership Number & Date of issue		

Annexure 1 - DECLARATION

I, in the capacity of of
.....hereby submit the application form for
the membership of IAAS with above provided information in the form and annexure, declare that;

1. I will abide by the policies and procedure of IAAS in-force from time to time and the recommendations of the scrutiny committee.
2. I will abide by the Govt. of India issued Model Direct Selling Guidelines 2016 and other Laws/Act of land in-force from time to time.
3. I will not promote a Pyramid Scheme, as defined in Clause 1(11) or enroll any person to such scheme or participate in such arrangement in any manner whatsoever in the garb of doing Direct Selling business.
4. I do not participate in the Money Circulation Scheme, as defined in Clause 1(12) in the garb of Direct Selling of Business Opportunities.
5. I am in compliant with all the remaining aspects mentioned in the guidelines issued vide F. No. 21/18/2014-IT (Vol-II) dated 9th Sep 2016 by the Department of Consumers, Ministry of Consumer Affairs, Food and Public Distribution and shall also provide such details as may be notified from time to time.
6. I will voluntarily participate in the activities of IAAS in the best of interest of the Direct Selling industry in India and participate in DSDWA to look after the welfare of registered distributors and encourage the distributors to enroll for DSDWA membership and participate in its activities.
7. I agree that the IAAS reserves the right to approve or reject application for membership with or without showing any valid reasons, further a membership may be cancelled at any point of time with or without showing any valid reasons.
8. I hereby agree to submit the information of any changes happened in this submission.
9. I hereby confirm that the information provided in this application is true & facts, submitted with a willful state of consciousness.

Date:

Place:

.....

Signature & Seal

Name& Designation

Annexure 2 - Board Resolution

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF
THE COMPANY IN THE NAME OF M/s.....,

HELD ON Dated / / at the address

..... RESOLVED THAT;

the directors of the company have decided to apply for membership of IAAS – IAAS and voluntarily participate
in IAAS activities to strengthen the Direct Selling industry.

Further the Board hereby authorized, Mr./ Ms. to
represent our company to attend the scrutiny process, to sign and submit all the necessary documents,
letters, forms, etc. for membership application scrutiny and getting certificate.

Name, Designation and Specimen Signatures of Authorized Signatory:

Name	Designation	Signature& Seal
.....

This resolution is valid until the same is withdrawn by giving written notice thereof.

Company Authorized Signatories

1. Name	Designation	Sign & Seal
2. Name	Designation	Sign & Seal
3. Name	Designation	Sign & Seal

.....

Date: / /

Place:

Annexure 3

– Statement of Various Taxes paid to Government treasury

Type of Tax	FY 2017-18	FY 2016-17	FY 2015-16	Total
IGST			-	
CGST+SGST			-	
VAT				
CST				
Excise duty				
Service Tax				
TDS				
Income Tax				
Prof. Tax				
Totals				

- STATEMENT OF COMPANY BUSINESS DETAILS

Description	FY 2017-18	FY 2016-17	FY 2015-16	Total
Sales Turnover				
Total No. Distributors				

* Mark NA if not applicable.

Signature& Seal
Name

Annexure 4 – List of Directors

Managing Director	Name	
	Phone No.	
	E mail	

Other Directors

Director (2)	Name	
	Phone No.	
	E mail	
Director (3)	Name	
	Phone No.	
	E mail	

*May add more rows as required

Sign & Seal of the
Authorized Signatory

Tips to file the membership application form.

- The application should be handwritten in clear & capital words with good readability.
- Please write N.A. which is not applicable.

Check	List of enclosures required along with this application
<input type="checkbox"/>	1. Photostat copies of ROC – Registration of company & Memorandum of Association
<input type="checkbox"/>	2. Photostat copies of TAN – Tax Account Number Registration
<input type="checkbox"/>	3. Photostat copies of VAT – Value Added Tax Registration
<input type="checkbox"/>	4. Photostat copies of Service Tax Registration
<input type="checkbox"/>	5. Photostat copies of GST – Goods & Service Tax Registration
<input type="checkbox"/>	6. Photostat copies of Acknowledgement letter against your declaration form submitted to Ministry of Consumer Affairs, as per Model Guidelines 2016
<input type="checkbox"/>	7. One pager brief profile document of each company director on company letterhead
<input type="checkbox"/>	8. One pager brief document the company vision, Mission and objectives to achieve in the business of direct selling
<input type="checkbox"/>	9. Photostat copies of latest proof of paid all type of taxes Govt. of India / states
<input type="checkbox"/>	10. Literature / Broacher / Catalogue of Products or services offered by the company along with phot copies of testimonials, certifications and any other credible information
<input type="checkbox"/>	11. Products / services price list
<input type="checkbox"/>	12. Company marketing / business plan document / Broacher to describe in detail along with illustrations, promotional contents etc.
<input type="checkbox"/>	13. Specimen copy of Distributor agreement / terms & conditions to be agreed
<input type="checkbox"/>	14. Specimen copy of ID card issued to Distributors
<input type="checkbox"/>	15. Specimen copy of Customer / Distributors sign up form
<input type="checkbox"/>	16. Annexure – 1, Declaration form as per the format provided, to be submitted on a Indian non-judicial stamp paper / franking of Rs. 100
<input type="checkbox"/>	17. Annexure – 2, Board resolution as per the format provided, to be submitted on the company letterhead
<input type="checkbox"/>	18. Annexure – 3, a statement as per the format provided, to mention all type of taxes paid to Government in the last 3 financial years on company letterhead
<input type="checkbox"/>	19. Annexure – 4, a table of Company Directors as per ROC in the format provided on company letterhead
<input type="checkbox"/>	20. A Cheque for Rs. 25,000 towards Scrutiny fee.

Please send your duly filled application to be along with above mentioned attachments to the following address by Registered post / courier.

Director - Membership Affairs
IAAS, Plot No. 1, Sector 71, SAS Nagar-160071
Contact number - 7765931537.

Please note: if you have any queries / clarifications required for the submission of this application, may please write to us on email ID – info@iaas.org.in or call 7765931537.
