

ARE YOU A MEMBER OF ANY OTHER ASSOCIATION IF YES PLEASE MENTION THE NAME OF THE ASSOCIATION & MEM.NO.

NAME OF THE PICTURE'S PRODUCE IN PAST (if yes, attached censor certificate copy)

I / WE SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED HERE-IN-ABOVE IS CORRECT TO THE BEST OF MY / OUR KNOWLEDGE.

For M/s. _____

Name of Proprietor/Partners / Directors :	Signature of the Proprietor/Partners/ Directors
_____	_____
_____	_____
_____	_____
_____	_____

RECOMMENDATION पहचानकर्ता

Recommended by : Shri / Smt. _____

Name of the Firm M/s. _____

Mem. Regn.No. _____ Dues paid upto _____

Designation : _____ Signature : _____

FOR OFFICE USE ONLY

Received Total Amt. _____ Receipt No : _____ Issued on Date : _____

Details of Documents Attached : _____

Ratified in the Executive Committee Meeting held on Date : _____

Clerk's Signature : _____

CATEGORY OF MEMBERSHIP (Prime / Associate) : _____

Remarks : _____

Office Sec. Sign : _____ Gen. Secretary's Sign. _____

NOTE: (A) APPLICATION for membership shall be decided by the committee who shall be entitled to reject any application for membership without signing any reason. As per rule 5 (a).

B) WIFPA is not responsible for any personal financial transaction of any member made to any person or staff member.

C) You are bound by the Rules & Regulations / bylaws of the Association.

D) Other Details of requirement for New Membership is attached herewith.



वेस्टर्न इन्डिया फिल्म प्रोड्यूसर्स एसोसिएशन WESTERN INDIA FILM PRODUCERS' ASSOCIATION

Registered under Society ACT 1860/No. Bomb38/1961 Public Trust act 1950/No.P-1094 (Bombay)

206, Richa Building, 2nd Floor, Plot No. B-29, Opp. City Mall, New Link Road, Andheri (W), Mumbai-400 053
Tel: 26732960/26731253/26742735/26742174 Fax: 66776788 E-mail: wifpa_2006@yahoo.co.in Web: wifpa.net

Form No. _____

Mumbai (Regd. H.O) Estd. 1960
Ahmedabad (R.O) Estd. 1977
Lucknow-(R.O) Estd. 1984.

To,
The Secretary,
Western India Film Producers' Association
206-207, Richa Bldg. Plot No. B-29, New Link Road,
Andheri (W), Mumbai – 400 053.

APPLICATION FOR MEMBERSHIP

(Under Rule No. 2 (iii))

Regn.No.

Date:

Ahmedabad Regional Office:
Ravi Chambers, Salaposse Road,
Ahmedabad- 380 001. (Gujarat)

Lucknow Regional Office:
30, Regency Tower, 20-A,
Shivaji Marg, Lucknow-226019
Ph.: 0522-3914701.

Affix Stamp
Size Photo
Here

Dear Sir,

I/We request you to kindly enroll me/us as a "PRIME/ASSOCIATE" member of your association.

I/we have received & read the MEMORANDUM AND ARTICLES of the Association & hereby agree to abide by its Rules/Regulations.

The Prescribed Admission Fees & all other fees, Charges etc., are being paid along with this application.

The relevant Documents for name & address Proof i.e. Xerox of Passport, Election card, Electricity bill, or leave license agreement copy & Pancard is attached herewith.

The other details as required for your record and reference are being filed in by me/us below:

Signature of Applicant

PLEASE FILL IN ALL DETAILS IN BLOCK LETTERS

NAME OF THE APPLICANT : नाम _____

FATHER NAME पिता का नाम _____

DOB/ जन्मतिथि _____ Nationality _____

NAME OF THE FIRM कंपनी का नाम _____

NATURE OF THE FIRM (Proprietorship, Partnership, HUF or Limited Co.) : _____

NAME OF THE PROPRIETOR / PARTNERS / DIRECTORS : _____

(Please also attach a copy of Partnership Deed / Memorandum & Articles of Ltd. Co.)

POSTAL ADDRESS OF THE FIRM IN FULL (Attach Name & Address Proof) : _____

STATE _____ PIN CODE _____

TEL. No. _____ MOBILE No : _____

PAN CARD No. _____ Email: _____

PERMANENT ADDRESS : _____

STATE _____ PIN CODE _____ (M) _____

P.T.O