



The Secretary
Automotive Component Manufacturers Association of India
 6th Floor, The Capital Court
 Olof Palme Marg
 Munirka
 New Delhi-110 067

Dear Sir,

ENROLLMENT AS ASSOCIATE MEMBER

We wish to be enrolled as a member of the Automotive Component Manufacturers Association of India under the " **Associate member**" category and are hence submitting this Application.

We agree to abide by the Rules & Regulations of ACMA and further agree to Provide data for the Annual Statistical Return, ACMA Buyers Guide, Business outlook survey, ACMA Membership survey and any other data / information which the Association or its authorized agencies may ask from time to time.

We declare that the information provided by us in the Form is complete in all respects and true to the best of our knowledge.

We declare that our company (Applicant) is not fulfilling the Criteria of an "Ordinary Member" of ACMA.

(Company Stamp)

For and on behalf of

Date : _____

 Signature & Designation

* Proposed by :

* Seconded by :

Name : _____

Name : _____

Company : _____

Company : _____

Note : Both Proposer and Seconder should be an Ordinary Member of ACMA and this Form should be signed and stamped by their authorised representative only.

Encls. : 1) Cheque/D.D. No. _____ dated _____

Rs. 1,65,450/- drawn on _____ towards admission fee and subscription for the current year and payable to Automotive Component Manufacturers Association of India. (See attached Eligibility Criteria for Charges)

- 2) Certificate of Incorporation from ROC (Registrar of Companies)/ Partnership Deed in case of a Partnership firm
- 3) Annual Report, Audited Balance Sheet and Profit and Loss Account for Last 1 year.
- 4) One set of Product Catalogue/ Web-link to the E-brochure

Note : It is mandatory to provide details for all queries to ensure quick processing. Please ensure that the Form is accompanied with all relevant enclosures.

FOR OFFICE USE ONLY

(Secretariat)

Admitted on : Date _____ Place _____

Rejected due to : _____

Payment due (if any) : _____

(Signature: Head, Membership Department)

(Date)

(Regional Office)

Regional Chairperson's Approval : _____
(Signature)

(Date)

FOR OFFICE USE ONLY

(Secretariat)

1. Reason why the applicant company is not fulfilling the eligibility criteria for "Ordinary Member"

a)

b)

c)

2. Does the company expect to be eligible for "Ordinary Member" in Future?

Yes

No

3. If so, approximate date/ period, when eligibility for Ordinary Member is likely to be achieved.



Automotive Component Manufacturers Association of India
(THIS FORM SHOULD BE SUBMITTED TO THE RELEVANT ACMA REGIONAL OFFICE)

MEMBERSHIP APPLICATION

- 1) a) Company Name : _____

- b) Address to which : _____
communications are _____
to be sent _____

- Phone (s) : _____
- Fax : _____
- E-mail : _____
- Website : _____
- PAN No. : _____
- c) Address of Registered Office : _____

- Phone (s) : _____ Fax _____
- E-mail : _____
- d) Address of other offices: _____
in India/ Abroad _____
providing Automotive _____
Services _____
- e) Year of incorporation/ : _____
establishment
- f) Year of commencement : _____
of Business related to _____
Automotive Industry
- g) Whether a Public/Private: _____
Ltd. company or a _____
Proprietary/Partnership Firm
- h) Trade Mark : _____

- i) Business Turnover
 - i) Domestic : _____
 - ii) Export : _____

- j) Name of Managing Director/: _____
 Directors/Partners/Proprietor
 (with exact designations)

- k) Name of Director/Partner/: _____
 Senior Executive authorised
 to represent on behalf
 of the organisation (with exact designation)

- l) Name of
 - Chief Executive : _____
 - Marketing -in-charge : _____
 - Export-in-charge : _____
 (with exact designations)

2. Is your company certified to ISO 9000, TS 16949, OSHAS 14000 and QS 9000 ? If so, please give details of the certification and also enclose a copy.

<u>Certificate</u>	<u>Certifying Agency</u>	<u>Date of Issue</u>	<u>Validity</u>
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3. Foreign Collaboration (s), if any

Name of collaborator and country	Nature of collaboration (Financial, Technical, both or others) (give details)	Services provided	Equity Share(%) or 100% Subsidiary

4. Our activities directly/indirectly related to Automotive Industry

- a) Manufacturers/ Job Work of auto accessories, spare parts
- b) InformationTechnology
- c) Designing
- d) Logistics
- e) Consulting Companies
- f) Technical Service Providers
- g) Advisory Services
- h) Tools & Dies
- i) Capital Goods
- j) Others

5. What product/service is your company supplying/providing to the automotive industry (please list and give details)

Service	Details	Directly/Indirectly
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6. Names of Key Customers:

Company name	Services provided
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7. Turnover for last 3 years

(Value in Rs. Lakhs)

	Year	Year	Year	Current Year Auto related Turnover
(Please mention Year) ▶				
a) Domestic i) OE /Tier-1/ Tier-2 : Rs. customers ii) Other customers eg. : Rs. Replacement market etc. (Please specify)				
b) Exports i) Overseas OE/Tier1/ Tier2 : Rs. ii) Other overseas : Rs. customers (Please specify)				
Total (in Rs. Lakhs) :				

Note : This info shall be kept strictly confidential and use only for internal purposes

**8. % Share of Automotive Business :
Out of total Business**

9. Membership with other Associations/Bodies

Signature: _____ Form filled by: _____

Date : _____ Designation: _____