

Address With Telephone Nos

## **CHENNAI GOODS TRANSPORT ASSOCIATION**

## MEMBERSHIP APPLICATION FORM

Date:	
Name of Applicant Company	<b>:</b>
Head Office	*
Telephone No. Fax No. Email URL	RTASSOCIA
Branch Office	8/3/
Telephone No. Fax No. Email	REG B
Date of Commencement Of Business	
No of Branches	* IVI
No Of Vehicles Owned	: Trailers Trucks L.C.V Others
Whether You Are A Member Of AIMTC / Other Associations	TRANSPO
Name Of The Directors/Partners Proprietor	

1.Name :
Address :
Telephone No :
2.Name :
Address :
Telephone No :
Being desirous of becoming a member of the association, we submit hereby our application for the same.
We are enclosing herewith our Cheque/Demand Draft for a sum of Rs.3500/- (Rupees Three Thousand and Five Hundred Only)  Admission Fee :Rs.2,000  Annual Membership Fees :Rs.3,500  Rs.5,500
We confirm that we have gone through the Memorandum/Rules and Regulations of the Association and shall abide by the decisions of the Association
Director/Partner/Proprietor/Manager of the Company solemnly declare and affirm that I will abide by the laws and decisions of CGTA as will be applicable from time to time and will also abide by the all decisions of the Executive Council, Various Sub Committee and the General Body, Including termination of my membership with the Chennai Goods Transport Association
Thanking You,
Yours truly,

(Signature with Official Seal of the Company)

Names of 2 Authorised Persons Who Will Attend The Matters Pertaining To The Affairs Of Association

Enclosed: Cheque / D.	D NoDated
Proposer: Name Of The Compan Address	y
(Signature With Compa	any Seal)
Seconder: Name Of The Compan Address	y REGULATION REGULATION OF THE CONTRACT OF THE
(Signature With Company Seal)	
********	**************************************
	For Office Use
Admitted/Rejected	
Comments	1
Approved By	: