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| **SPORTSCOM INDUSTRY CONFEDERATION****MEMBERSHIP APPLICATION FORM** |

Photo Passport Size

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| Dear Sir/Madam,I/We wish to apply for the membership of Sportscom Industry Confederation (‘SPORTSCOM’). The Application Form, duly completed and the Cheque/ DD / NEFT No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_\_\_towards admission subscription amount and GST (one time admission fee) drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, favouring “ Sportscom Industry Confederation” is submitted along with the relevant supporting documents.Kindly acknowledge receipt of the above and confirm the membership.Yours faithfully,Signature: Date:Name & Designation: |

I/We would like to apply for the admission as the member and in the event of my/our enrollment as a member; I/we shall be bound by the Memorandum and Articles of Association of SPORTSCOM.

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**CATEGORIES**

Please tick any one

 Corporate Applicant Individual Applicant

 Guest or Honorary Applicant

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| Name of the Applicant |  |
| Address of the Applicant |  |
| Name of Authorized Representative of the Applicant |  |
| Designation of /Authorized Representative of the Applicant |  |
| Email id |  | Office Tel. No.Mobile No. |  |
| Name & Designation of the Person for liaison with SPORTSCOM |  |
| Email id |  | Office &Mobile No. |  |
| Nature of Business of Applicant (only for Corporate Applicant) (Please tick) | CompanyCorporate BodyTrustPartnershipAssociationSocietyGovernment (Institution/body/other)Other(Please specify applicable category) |
|  |  |
| Occupation/Business/Profession of the Applicant (Please tick) | SportspersonRights HolderBroadcastingManufacturingTrading ServiceProduct Development Academic Institution/Expert AdministrationNGO/TrustOther (Please specify type) |
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| Signature of the Applicant/Authorized Representative of the Applicant with Stamp (only in case of a Corporate Applicant) |  | Name |  |
| Date |  | Designation |  |

**Admission Subscription**

A Corporate or Individual Applicant shall be required to pay a one-time admission subscription of INR 10,000/- for Corporate and INR 5,000/- for Individual in the year of admission as a member. GST (Goods & Services Tax) 18% is applicable on the admission subscription amount.

**Annual Subscription**

INR 5,000/- plus 18% GST will be applicable from 1St April 2021 onwards. New Members will pay the Annual subscription fee after completion of 12 months of their membership.

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| Applicant’s GST Details for Raising Invoice (Mandatory) |
|  Name of Applicant (As per GST Registration Certificate) |  |
| GST No. |  |
| Billing Address with City & Pin |  |
| State |  |
| TAN  |  |
| PAN  |  |
| Name & Designation of Applicant’s Accountant |  |
| Email id & Phone no. of Applicant’s Accountant |  |

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| **Kindly send the duly filled up form to:**Mr. Avinash Bhargava**SPORTSCOM Industry Confederation** C/o. Confederation of Indian Industry (CII) Andhra Association, 2nd Floor 24-25, Lodi Institutional Area, Lodi Road, New Delhi – 110 003  P:  +91 - 11 –4577 1000 M: +91 9560244611 F: +91 - 11 - 2468 2226E: avinash.bhargava@sportscom.in W: [www.sportscom.in](http://www.sportscom.in) |

Bank Account Details for NEFT / RTGS Payment

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| ***Particulars*** | ***Details*** |
| ***Account Holders Name / Name of the Beneficiary*** | ***Sportscom Industry Confederation*** |
| ***Name of the Bank*** | ***HDFC Bank*** |
| ***Bank Account Number*** | ***50200039266785*** |
| ***Branch Address*** | ***D-965, New Friends Colony, Opp. Mata Mandir, New Delhi – 110025, Delhi*** |
| ***Branch Code*** | ***0089*** |
| ***Account Type / Nature of Account*** | ***Current***  |
| ***IFSC Code*** | ***HDFC0000089*** |
| ***MICR Number*** | ***110240009*** |
| ***Email Address*** | ***info@sportscom.in*** |

***P.S. - The Company first needs to send the expression of interest by means of sharing the duly filled membership form with SPORTSCOM. On receipt of the form, SPORTSCOM will process the application. Once approved, an Invoice towards Admission Subscription will be sent to the applicant.***

**FOR OFFICE USE ONLY**

Approved Not Approved (With Reason)

Date:

Membership No: