



AUDIT BUREAU OF CIRCULATIONS
Wakefield House, Sprott Road, Ballard Estate, Mumbai- 400 001

MEMBERSHIP APPLICATION FORM

PUBLISHER

The Secretary General
Audit Bureau Of Circulations
Wakefield House, Ballard Estate,
Sprott Road,
Mumbai - 400 001

Place _____

Date _____

I/We, the undersigned, hereby apply to the Council of Management of Audit Bureau of Circulations for enrolment to membership of the Bureau.

I/We undertake to abide by the Memorandum and Articles of Association of the Company, and to observe the rules and regulations governing the working of the Bureau as laid down by the Council from time to time.

We also undertake to submit circulation figures every six months which are compiled as per the provisions of Bureau's Guide to ABC Audit and audited by an empanelled firm of auditor.

I/We further agree that in the event of any differences of disputes arising between me/we and the Bureau and / or its Council of Management at any time from the date of this application, whether during the period of my /our membership of the Bureau or after its cessation, these shall be subject to the jurisdiction of Courts in Mumbai only.

(The Audit Bureau of Circulations is a company limited by Guarantee and not having a share capital. The only possible financial liability attached to members, other than their entrance fee and annual subscription is one of not exceeding Rupees fifteen per member in the event of winding up of the Company.)

An amount of Rs. _____ towards Application fee is remitted alongwith the Application Form.

Cheque for Rs . _____ (Rupees _____) is enclosed.

Name of Publication _____

Signed _____
(Please affix Rubber Stamp / Seal)

For & on behalf of _____

Address _____

Proposed by		Seconded by	
Name of the representative [should be a member of ABC]		Name of the representative [should be a member of ABC]	
Company's Name: [in case of publisher member, please mention the name of the publication represented]		Company's Name: [in case of publisher member, please mention the name of the publication represented]	
Signature		Signature	
Rubber Stamp / Seal		Rubber Stamp / Seal	

(To be proposed and seconded by any two members of the Bureau.)



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Permanent Information Form
(Publications)

1. Publication (Title) : _____ Date of starting: _____
Edition : _____ [Pl. attach specimen copy
Printing centre : _____ of current issue]
Publishers : _____

2. **Name of the Company/Firm** : _____
Address : _____
Email : _____
Telephone : _____

3. **Published from (full address)** : _____
Email : _____
Telephone : _____

4. **Printed at (full address)** : _____
Email : _____
Telephone : _____

5. Nature of Publication _____
Frequency of issue _____ Claimed Circulation _____
Price _____ Language _____
RNI Registration No. _____ [please attach a copy of RNI Certificate]

6. Language in which the books of accounts and other records are maintained _____
Name of all other publications printed and owned by the Company/Firm _____

Branch Office(s) at _____

7. Does the Publisher-applicant belong to any other professional organisation(s) e.g. INS and or ILNA etc? if so, the name(s) of such organization(s) may please be stated _____

8. a) Name of Representative on the Bureau _____
Designation , Address, Email, Tel. No. & Mobile No. _____

8.b) Name & address, email, Tel. No. & Mobile No. _____
of person to whom correspondence
to be addressed to _____

8.c) Name of Mumbai Representative _____
(if any)
Address, Email, Tel. No. & Mobile No. _____

9. MECHANICAL DETAILS

Size of the page _____ Number of Pages _____

Width of Column _____ Length of Column _____

Number of Columns per page _____

Type of paper used _____

Type of Printing Machine _____

Printing Capacity _____

Number of Rotary Printing Units _____

Capacity per Rotary Printing Unit _____

Signed _____

Date _____ For and on behalf of _____

Name & Designation _____
(Please affix Rubber Stamp/Seal)

(Please attach your current Advertising rate Card and a Specimen Copy of the Publication)

(Please affix Rubber Stamp/Seal)