

AUDIT BUREAU OF CIRCULATIONS

Wakefield House, Sprott Road, Ballard Estate, Mumbai- 400 001

MEMBERSHIP APPLICATION FORM

NEWS AGENCIES /ASSOCIATIONS/ ORGANISATIONS/ GOVT. PUBLICITY DEPT.

| The Secretary General | | Place | |
|---|------------------------------|---|--|
| Audit Bureau Of Circulation Wakefield House, Ballard E | | Date | |
| Sprott Road, | state, | Date | |
| Mumbai - 400 001 | | | |
| | | | |
| I/We, the undersigned enrolment to membership or | | ncil of Management of Audit Bureau of Circulations for | |
| | | Articles of Association of the Company, and to observe the au as laid down by the Council from time to time. | |
| possible financial liability a | | nited by Guarantee and not having a share capital. The only nan their entrance fee and annual subscription is one of not ading up of the Company.) | |
| or its Council of Managem | ent at any time from the dat | ces of disputes arising between me/we and the Bureau and / e of this application, whether during the period of my /our all be subject to the jurisdiction of Courts in Mumbai only. | |
| amount of my/ our Entran works out to Rs. | nce fee is Rs. | and the amount of my / our Annual Subscription ar. Membership subscription will thereafter fall due on 1st | |
| Cheque /DD for Rs | (Rupees |) is enclosed. | |
| | Signed_ | (Please affix Rubber Stamp / Seal) | |
| For & on behalf of | | | |
| Address | | | |
| | | | |
| Proposed by | (Please affix Ru | ubber Stamp / Seal) | |
| Seconded by | | | |
| - | (Please affix Rı | ibber Stamp / Seal) | |

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



Wakefield House, Sprott Road, Ballard Estate, Mumbai- 400 001

INFORMATION FORM

NEWS AGENCIES /ASSOCIATIONS/ ORGANISATIONS/ GOVT. PUBLICITY DEPT.

| 1. | Name and Address |
|------|---|
| 2. | Telephone, Fax & Email Details : |
| 3. | Date of Establishment |
| 4. | Type of Organisation - (i) Company under the Companies Act (ii) Partnership firm (iii) Proprietory concern |
| 5. | Is the Applicant Organisation a subsidiary? If so, state the name and address of the holding Company: |
| 6. | Name and designation of the Representative on the Bureau : |
| 7. | Are any of the owners or persons referred to in (6)above directly or indirectly financially connected with any newspaper and /or periodicals ? If so please give details : |
| 8. | Branch Offices : |
| 9. | State the purpose for which you desire to avail the bureau's Services: |
| 10. | Is the applicant Organisation a member of any other professional Organisation ? If so, please state its name |
| 11. | Name and Address of your Bankers: |
| | |
| Plac | ce : For and on behalf of |
| Dat | Designation The image of the |
| | (Please affix Rubber Stamp/Seal |