



The Jewellers' Association (R)

(Regd. Sl.No. 368/41-42 Dt. 09-12-1941)

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Regd. Office: No.814 / 815, Chickpet, Bengaluru - 560 053.

No. 835, Sridev Shopping Arcade, 1st Floor, Nagarthpet, Bengaluru - 560 002

Phone : 080 - 22211037 / 41276222

APPLICATION FOR ASSOCIATE MAHAPOSHAK / ASSOCIATE LIFE MEMBERSHIP

1. Name of Proprietor / Partner / Director	
2. Name and Address of the Establishment (Full Seal Mandatory)	

3. Type of Incorporation 1. Proprietorship 2. Partnership 3. Pvt. Ltd. 4. Limited 5. Others

4. Particulars of Business:

a. Date of Commencement of Business	
b. GST Number	
c. Establishment PAN Number	
d. Phone Numbers	
e. Email ID	
f. I & E Code	
g. Website	
h. BIS License Number	
i. SMS Numbers	1. _____ 2. _____
j. Whatsapp Numbers	1. _____ 2. _____

5. Type of Business (Commodities Dealing in)

Plantium	Bullion <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Retailer <input type="checkbox"/>	I/E <input type="checkbox"/>
Gold	Bullion <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Retailer <input type="checkbox"/>	I/E <input type="checkbox"/>
Silver	Bullion <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Retailer <input type="checkbox"/>	I/E <input type="checkbox"/>
Diamond	Loose <input type="checkbox"/>	Studded <input type="checkbox"/>	I/E <input type="checkbox"/>		
Gems & Precious	Loose <input type="checkbox"/>	Studded <input type="checkbox"/>	I/E <input type="checkbox"/>		

6. Proposed By:	Signature with Address Seal
a. Name:	
b. Membership No:	
c. Mobile Number:	
d. Office Number:	
e. Known to Applicant from _____ Years	

7. Seconded By:	Signature with Address Seal
a. Name:	
b. Membership No:	
c. Mobile Number:	
d. Office Number:	
e. Known to Applicant from _____ Years	

9. Particulars of Representatives (JAB ID Card Holder):	
I. Particular of 1st Representative:	
a. Name of the Representative	
b. Relationship with the Member	
c. Designation	
d. Date of Birth	
e. Spouse Name	
f. Mobile Number	
g. Email ID	
h. Photo ID Ex: Driver Licence, Pan Card, Aadhar Card	

II. Particular of 2nd Representative:	
a. Name of the Representative	
b. Relationship with the Member	
c. Designation	
d. Date of Birth	
e. Spouse Name	
f. Mobile Number	
g. Email ID	
h. Photo ID Ex: Driver Licence, Pan Card, Aadhar Card	

Dear Sir,

Please enroll me / us as an **ASSOCIATE MAHAPOSHAK / ASSOCIATE LIFE MEMBER** of this Association.

I / We herewith remit Rs.500/- towards Registration Fee and Associate Life Member of Rs. _____

I / We agree to abide by the Rules & Regulations of this Association.

Yours faithfully,

For Seal with Signature

NOTE:-

1. The Membership Fee with Admission fee should be paid by CHEQUE / DEMAND DRAFT in favor of "THE JEWELLERS' ASSOCIATION".
2. The Following documents to be enclosed with the Membership Application:
(a) Copy of GST Certificate (b) Copy of Establishment PAN Card (c) Copy of GST Approved Application
3. No Member of the Managing Committee shall Propose or Second any membership application.
4. Admission to the membership of the Association vests entirely with the Executive Committee. An Application for membership may be rejected by the Executive Committee without assigning any reasons.
5. Particulars of the authorised representative shall be given in the date sheet provided by JAB.

MEMBERSHIP FEES : Associate Mahaposhak: **Rs.30,000** Associate Life Member: **Rs.20,000**

FOR OFFICE USE ONLY

Date of Submission		Receipt No & Date	
Verified On		Details of Cheque	
Verified By		Membership Awarded	
Approved By		Membership No Allotted	

1. DETAILS OF PROPRIETOR / PARTNER / DIRECTOR		
a. Name		
b. Date of Birth		
c. Spouse Name		
d. Mobile Number		
e. Email ID	Signature	
2. DETAILS OF PROPRIETOR / PARTNER / DIRECTOR		
a. Name		
b. Date of Birth		
c. Spouse Name		
d. Mobile Number		
e. Email ID	Signature	
3. DETAILS OF PROPRIETOR / PARTNER / DIRECTOR		
a. Name		
b. Date of Birth		
c. Spouse Name		
d. Mobile Number		
e. Email ID	Signature	
4. DETAILS OF PROPRIETOR / PARTNER / DIRECTOR		
a. Name		
b. Date of Birth		
c. Spouse Name		
d. Mobile Number		
e. Email ID	Signature	