



EUROPE INDIA CHAMBER OF COMMERCE

Enterprise N° 873776889

ASSOCIATE CORPORATE MEMBERSHIP FORM

I - INFORMATION REGARDING THE APPLICANT:

NAME: _____

COMPANY/ INSTITUTION: _____

ADDRESS: _____ ZIP CODE: _____

CITY: _____ COUNTRY: _____

BUSINESS TELEPHONE: _____ FAX: _____

E-mail: _____

II - INFORMATION REGARDING THE REPRESENTATIVE(S) OF THE APPLICANT, FOR THE PURPOSES OF THE EICC's BUSINESS:

1. NAME: _____

TITLE: _____

ADDRESS: _____ PIN CODE: _____

CITY: _____ COUNTRY: _____

BUSINESS PHONE: _____ FAX: _____

E-MAIL: _____

2. NAME: _____

TITLE: _____

ADDRESS: _____ PIN CODE: _____

CITY: _____ COUNTRY: _____

BUSINESS PHONE: _____ FAX: _____

E-MAIL: _____

III - PAYMENT AND BANK DETAILS:

Proof of the transfer of the amount of **One thousand (1000) Euros** must be accompanied with the Membership Application Form addressed to “Secretary General, Europe India Chamber of Commerce (EICC)”, 69, Boulevard Louis Mettwie, (bte. 18) 1080 Brussels (Belgium) either by fax, by e-mail or by post.

Europe India Chamber of Commerce (EICC)

Name of Bank: Fortis
Leuvensesteenweg 228
1932 St.Stevens Woluwe
Brussels (Belgium)

For transfer within Belgium: **A/C N°: 001-4596139-64**

For transfer from outside Belgium: IBAN: **BE29 0014 5961 3964**

Swift code: GEBABEBB

DATE : _____ **SIGNATURE:** _____

IV - FOR INTERNAL USE ONLY – DO NOT FILL IN :

ACCEPTED ON: _____ **AUTHORISED BY:** _____