



SABARAGAMUWA CHAMBER OF COMMERCE & INDUSTRY

No. 2/8, Bandaranayake Mw, Ratnapura, Sri-Lanka

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Membership Application Form

(For Office Use Only)

Membership Category :- Membership No :-

01. PERSONAL INFORMATION:

- 1.1. Applicant's Full Name :-
- 1.2. Personal Address :-
- 1.3. Date of Birth :- Year Month Date
- 1.4. NIC / Driving Licence No. :-
- 1.5. Residence Telephone No. :- Mobile No :-

02. BUSINESS INFORMATION:

- 2.1. Business Name :-
- 2.2. Business Registration No :-
(Note :- Attach a Copy of Certificate of Business Registration)
- 2.3. Business Address :-
- 2.4. Contact Details :- Telephone I :- Telephone II :-
- Fax :- Mobile No :-
- E-mail :-
- Web :-
- 2.5. Divisional Secretary's Division :-
- 2.6. Grama Niladhari Division :-
- 2.7. Type of Organization (Please tick "✓")

Individual	<input type="checkbox"/>	Private Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Association	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Other	<input type="checkbox"/>

2.8. Partners / Board of Directors / if Voluntarily Association Names of the Officials

- 1. 5.
- 2. 6.
- 3. 7.
- 4. 8.

2.9. Nature of the Business

- 1. Manufacturing 5. Construction
- 2. Service Provider 6. Information Technology
- 3. Trading 7. Financial Institution
- 4. Agriculture Base Products 8. Please Specify

2.10. No. of Employees

03. MEMBERSHIP INFORMATION:

3.1. State whether a member of any other Association / Chamber

Yes No

If "Yes" please give below details

<i>Name of the Association</i>	<i>Membership No.</i>	<i>Year Granted</i>	<i>Position</i>
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.....
.....

04. CERTIFICATION OF THE APPLICANT:

If My/Our Business/Organization is selected for membership I/We agree to act according to the requirements of constitution of the Sabaragamuwa Chamber of Commerce & Industry. I/We accept that the Board of Directors of the Sabaragamuwa Chamber of Commerce & Industry has the power to terminate the membership in the event of a wilful suppression of any information, providing false information in this application and also if acted in contravention of the constitution.

I/We agree to pay the membership fee at regular intervals. I/We are aware that there will revisions of membership fee. Accordingly I/We agree to pay the revised membership fee.

Signature of the Applicant

Name of the Applicant

NIC / Driving Licence No.

Designation

Date

05. RECOMMENDED BY:

Name of the Proposer

Address

Position at the Chamber

Signature Membership No.

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06. RECOMMENDATION OF THE BOARD OF DIRECTORS:

It was decided at the meeting of the Board of Directors held on that it is
Suitable / Not suitable / to reconsider / to award the membership to the applicant.

Membership Approval Date

Signature of the President

Date

Date of the Membership Payments

Receipt No.