# **SUBSCRIPTION FORM**

# **PROFESSIONAL PROGRAM MEMBERSHIP SCHEME FOR CORPORATES**

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| **Receipt No** | **Date** | **PPM Membership No (for Office Use Only)** |
|  |  |  |

To

**The ICSI - Bengaluru Chapter**

No.5, 1st Main Road

KSSIDC Industrial Estate

6th Block, West of Chord Road

Rajajinagar, Bengaluru - 560 010

Dear Sir,

Please register the following Company as member under the PROFESSIONAL PROGRAM MEMBERSHIP SCHEME FOR CORPORATES of The Institute of Company Secretaries of India - Bengaluru Chapter for the period from **1st April, 2024 to 31st March, 2025.**

Name & Address of the : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GST No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Contact person details** |
| Name & :Designation: | Mobile No.: |
| E-mail ID: |

Payment: Cash/Card or Cheque / DD No. / Online Transaction No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Rs. \_\_\_\_\_\_\_\_\_\_\_ drawn on **Bengaluru Chapter of SIRC of the ICSI** is enclosed.

 Yours faithfully,

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Authorized Signatory]