# **SUBSCRIPTION FORM**

# **PROFESSIONAL PROGRAM MEMBERSHIP SCHEME FOR INDIVIDUALS**

|  |  |  |
| --- | --- | --- |
| **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 person(s) as member under the PROFESSIONAL PROGRAM MEMBERSHIP SCHEME FOR INDIVIDUALS of The Institute of Company Secretaries of India - BENGALURU CHAPTER for the period from **1st April, 2020 to 31st March, 2021.**

The particulars of the nominated person are as under:

Name (in Block Letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

FCS/ACS No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CP No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. (Office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GST 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Sponsoring Authority / Delegate]