

NAME OF THE APPLICANT FIRM
(IN BLOCK
LETTERS)

TELEPHONE:

TELEGRAM:

ADDRESS:

FAX:

AUTHORISED REPRESENTATIVE NAME:-

SPECIMEN SIGN. OF THE AUTHORISED SIGNATORY	REMARKS : (FOR COUNCIL'S USE) 1. Membership No. & Date 2. RCMC No. & Date 3. Category / Region
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(•Delete whichever is not applicable)