#### SCAI Associate Member Application Form

## COMPANY INFORMATION

Name of Company: ……………………………………………………………………………………………

Category: □ Retailer □ Intermediaries □ Consultant □ Vendors in Malls □.Others (please specify)……………………

Address:…………………………………………………………………………………………………............................

..………………………………………………………………………

Contact Name: ………………………………………………………………………

Job Title: ………………………………………………………………………………………

Phone No: …………………………Mobile No: …………………………Fax No: ……………………………………

E-mail I’d: …………………………………………………

GST Registration No.: ……………………………

Recommended By (if any) :………………………

Cheque / DD to be drawn in favor of **Shopping Centers Association of India**, payable at par in Mumbai

**Payment Details:**

**Membership Fee Rs**……………… **Annual Fee Rs:** …………………………

Cheque / Demand Draft No: ……………………………………………

Date:……………………………………………Drawn on Bank: ………………………………………………………

Declaration:

I/We hereby declare that the information provided above is true to the best of my/our knowledge and express my/our willingness to become a member of SCAI and that I/We shall abide by all rules and regulations laid by the Association.

Signature……………………………………………………Stamp

### For SCAI Office Use

Date of Joining: …………………………… SCAI Membership No: ……………………………

Signature of Approving Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_