



वेस्टर्न इन्डिया फ़िल्म ऍंड टीवी प्रोड्यूसर्स एसोसिएशन WESTERN INDIA FILM & TV PRODUCERS' ASSOCIATION

Registered under Society ACT 1860/No. Bomb38/1961 Public Trust Act 1950/No.P-1094 (Bombay)

206/207, Richa Building, 2nd Floor, Plot No. B-29, Opp. City Mall, New Link Road, Andheri (West), Mumbai- 400 053.

Tel: 022 26732960 / 26731253 / 26742735 • M: 8850496488 • Web: www.wifpa.net • Email: wifpa_2006@yahoo.co.in

Form No. _____

Mumbai (Regd. H.O) Estd. 1960

Ahmedabad (R.O) Estd. 1977

Lucknow-(R.O) Estd. 1984.

To,
The Secretary,

Western India Film & TV Producers' Association
206-207, Richa Bldg. Plot No. B-29, New Link Road,
Andheri (W), Mumbai – 400 053.

APPLICATION FOR MEMBERSHIP

(Under Rule No. 2 (iii))

Regn.No.

Date:

Ahmedabad Regional Office:

Ravi Chambers, Salaposse Road,
Ahmedabad- 380 001. (Gujarat)

Lucknow Regional Office:

1st Floor, Regency Tower,
Nr. Hussainganj & Bengali Club,
Chauraha, Shivaji Marg,
Hewett Road, Lucknow-226 019.
Cont.No.0522-4003734 / 9984658159.
Email: wifpalko2016@gmail.com

Dear Sir,

I/We request you to enroll me/us as a "PRIME/ASSOCIATE" member of your Association.

I/We have received & read the MEMORANDUM AND ARTICLES of the Association & hereby agree to abide by its Rules/Regulations.

The Prescribed non refundable Admission Fees & all other fees/Charges etc., are being paid along with this application.

The relevant Documents for name & address Proof i.e. Xerox of PAN Card & Adhar Cards or any other authentic proof such as Election card, Electricity bill, Passport or Leave & License agreement copy is attached herewith.

The other details as required for your record and reference are being filled in by me/us below:

Affix Stamp
Size Photo
Here

Signature of Applicant

PLEASE FILL IN ALL DETAILS IN BLOCK LETTERS

NAME OF THE APPLICANT / नाम : _____

FATHER/HUSBAND NAME / पिता/पती का नाम : _____

DOB/ जन्मतिथी : _____ Nationality/ राष्ट्रियता : _____

NAME OF THE FIRM / कंपनी का नाम : _____

COMPANY GSTIN : _____

NATURE OF THE FIRM (Proprietorship, Partnership, HUF or Limited Co.) : _____

NAME OF THE PROPRIETOR / PARTNERS / DIRECTORS : _____

(Please attach a copy of Partnership Deed / LLP Deed / HUF Deed / Memorandum & Articles of Ltd. Co.)

POSTAL ADDRESS OF THE FIRM IN FULL (Attach Name & Address Proof) : _____

STATE : _____ PIN CODE : _____ PAN CARD No.: _____

Email: _____ MOBILE No : _____

PERMANENT ADDRESS : (Attach Add. Proof) _____

STATE : _____ PIN CODE : _____ (M) _____

ARE YOU A MEMBER OF ANY OTHER ASSOCIATION IF YES PLEASE MENTION THE NAME OF THE ASSOCIATION & MEM.NO.

NAME OF THE PICTURE'S PRODUCE IN PAST (if yes, attach censor certificate copy)

I / WE SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED HERE-IN-ABOVE IS TRUE AND AUTHENTIC TO THE BEST OF MY / OUR KNOWLEDGE.

Indemnification

- 1) I/We Indemnify Western India Film & TV Producers Association / Hon. Office Bearers / Staff that they will not be responsible or liable for any litigation dispute / claim arising out of the allotment of membership or any human error while allotting membership.
- 2) I/We will abide by all the Rules and Regulations of the Association implemented / amended from time to time. In case, I/We do not abide by the rules and regulations of Association. WIFPA is free to take disciplinary action against me/us.
- 3) I/We agree that the submission of the Membership Application shall be taken as conclusive proof of my/our assent to the provision of the rules and regulations of Association by WIFPA office.
- 4) WIFPA shall not be responsible or liable in anyway including all expenses of any Court cases or any litigation on any matter and it will be my/our duty to protect WIFPA at our cost and consequences from any litigation.
- 5) I/We agree that all dispute matters will be at Mumbai jurisdiction.

For M/s. _____

Name : (Proprietor / Partners / Directors) _____

Signature of Proprietor / Partners / Directors _____

WITNESS / पहचानकर्ता (Compulsory)

Name : _____

Signature : _____

Add.: _____

Mobile No : _____

Occupation : _____

Name : _____

Signature : _____

Add.: _____

Mobile No. : _____

Occupation : _____

Note : Attach PAN Card & Adhar Card Copy

Note : Attach PAN Card & Adhar Card Copy

FOR OFFICE USE ONLY

Received Total Amt. _____ Receipt No : _____ Issued on Date : _____

Details of Documents Attached : _____

Clerk's Signature : _____ Office Secretary's Sign : _____

Remarks : _____

Gen. Secretary's Sign. _____

Ratified in the Executive Committee Meeting held on Date : _____

NOTE: (A) Acceptance of membership shall be decided by the Executive committee who shall be entitled to reject any application for membership without assigning any reason. As per rule 5.

B) WIFPA is not responsible for any personal financial transaction of any member made to any person or staff member.

C) You are bound by the Rules & Regulations / bylaws of the Association.

D) Other Details of requirement for applying for New Membership is attached herewith.