

Membership Registration Form

Membership Category: Founder ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze ☐ Affiliate ☐

Group / Company Name: Website:

PAN No.: GST No.: CIN No.:

Address for Communication:

City: State: Email-id:

Owner /Proprietor: Mr./Ms.:

Mobile Phone: Email-id:

MD /CEO (Heading Operations) Mr./MS.:

Mobile Phone: Email-id:

Payment Details:

Through Cheque / DD

Cheque/ DD No,	Date	Bank Name	Branch	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RTGS /NEFT:

UTR No,	Transfer Date	Bank Name	Transferred Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCAI Bank Details:

Account Holder’s name: Shopping Center Association of India
Account Number: 02482560000754
Bank Name: HDFC Bank
Branch: Panchashila Park New Delhi
IFSCCode: HDFC0000248
PAN: AAMCS0668K

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.

Signed by CEO / Director / Owner

Name:

Designation:

Company Stamp / Seal

Date:

For SCAI Office Use Only

Date of Joining:

SCAI Membership No:

Signature of Approving Authority:

Name: