

Membership No.
(for office use)



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இலங்கை தேசிய வர்த்தகச் சங்கம்

MICRO & SMALL ASSOCIATE-MEMBERSHIP APPLICATION FORM

1. Details of the Company

Company Name			
Company Address			
Name of the Head of the Company		Designation	
Contact Person		Designation	
Mobile No.		Tel No.	
WhatsApp number if difference from the above		E-mail	
Fax		Web	

2. Legal Status (Please mark ✓)

Proprietorship ☐ Partnership ☐ Private Limited Company ☐
Association ☐ Other (Please Specify) ☐

Business Registration No		Commencement of Operation (Year)	
District		Divisional Secretariat	
Annual Turnover of your Company			
Number of Employees (staff): Male		Female	
		Total	

(*Please attach a copy of your Business Registration Certificate)

3. Scale of the Enterprise: (Please mark ✓) Micro ☐ Small ☐

*Please refer the definition below

Economic Sector	Category	No of Employees	Annual Turnover
Industry Sector	Micro	Less than 10	Less than 20 million
	Small	10-50	20-350 million
Services Sector	Micro	Less than 05	Less than 20 million
	Small	05 - 50	LKR 20 – 350 million

4. Details of Proprietor/ Partners/ Directors:

Name with initials	National Identity Card No:	Gender

5. Nature of your Business (Please mark ✓)

Committee		Committee		Committee	
Agriculture & Food Processing		Automobile & Automotive Components		Banking and Financial Services	
Boat Building & Marine Services		Ceramics, Glassware & Minerals		Cosmetics & Personal Care	
Dairy & Livestock		Education & Training Services		Engineering & Construction	
Export Industries		Foreign Employment		Gem & Jewelry	
Healthcare & Pharma		ICT & Enabling Services		Imports, Trading, Wholesale, Retail & Distribution	
Insurance		Manufacturing		Packaging, Printing & Advertising	
Plantations		Power & Energy		Professional Services	
Rubber, Metal & Plastic		Small & Medium Enterprises		Textile & Apparel	
Transport & Logistics		Tourism Industry			

6. A brief description of your business/ products or services.

- I / We agree to be bound by the Chamber's Memorandum and Articles of Association and its by-laws.
- I/We hereby certify that all information furnished by me/us in this application is true and correct.
- I/we submit herewith the
 - Completed Associate Membership Application Form
 - Copy of the Business Registration Certificate and
 - Payment of LKR 5,000.00 (admission fee and annual membership subscription fee)

Date:

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The signature:

.....
Designation:

Note:

Micro and Small-Scale Associate Membership fee Structure:

Admission fee (new joinees):	LKR 2,500.00
Annual Membership Subscription:	LKR <u>2,500.00</u>
Total Payable	LKR <u>5,000.00</u>

From the second year onwards the annual subscription fee would be LKR 2,500/-

Payment Method:

cheque should be drawn in favour of “**The National Chamber of Commerce of Sri Lanka**” and crossed A/C Payee only.

Please deposit your payment to our below Bank Account and send us the copy of the deposit slip along with the application.

Name of the Bank & Branch	: Bank of Ceylon, City Office
A/C Name	: The National Chamber of Commerce of Sri Lanka
A/C No.	: 350940

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Application is in order with BRC and Payment				Date Received	Recommendation By the Secretary General/CEO	Recommendation By the Accountant
BR Copy		Payment				

Membership awarded.

Date:

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Secretary General / CEO
The National Chamber of Commerce of Sri Lanka