Bangladesh • China • India • Indonesia • Japan
Singapore Sri Lanka • Thailand • Turkey • Vietnam
South Korea • Malaysia • Iran • Philippines • Kazakhstan

AFFILIATE MEMBERSHIP APPLICATION FORM

President: Dr. Jin Kie Shim (Korea)
email: jkshim@kitech.re.kr

Secretary General: Prof. (Dr.) N. C. Saha (India)
email: sg@asianpackaging.org

Treasurer: K. M. Bhaskaran (India)
email: treasurer@asianpackaging.org

01. COMPANY DETAILS

Name of Association/Council/Federation: _____

Business Address: _____

Mailing Address (if different from above): _____

Tel: _____ Fax: _____ Email: _____

Website: _____

Year of Incorporation: _____

Packaging Industry:

- ☐ Rigid Plastic Packages
- ☐ Flexible Plastic Packages
- ☐ Paper & Board Packages
- ☐ Metal Packages
- ☐ Glass Packaging
- ☐ Converting Machinery
- ☐ Filling Machinery
- ☐ Packaging Related Services
- ☐ Food
- ☐ Beverages
- ☐ Canned Foods
- ☐ Confectionery
- ☐ Dairy
- ☐ Others, please specify:

_____

_____

Other sectors:

- ☐ Appliances
- ☐ Chemicals
- ☐ Personal Care
- ☐ Drugs / Pharma
- ☐ Electronics
- ☐ Textiles
- ☐ Toys

02. PROCEDURE FOR APPLICATION AND TERMINATION

1. Every application for membership shall be made on the application form prescribed by APF with a crossed cheque (US$600.00) made payable to “Asian Packaging Federation” for payment of the entrance fee and subscription fee for the irst year.

BANK ACCOUNT
Account Name: **Asian Packaging Federation,** ***Account Number:*** **612 447 4207,** ***Bank Name:*** **Indian Bank,** ***Swift Code:*** IDIBINBBBFT, ***IFSC Code:*** IDIB000M238, ***MICR Code:*** 400019066, ***Bank Address:*** Indian Bank, Marol Branch, CTS/31, Premier Emperor, Opp: Awesome Heights, Ashok Nagar, Off Military Road, Marol, Andheri (East), Mumbai − 400072, INDIA.

2. APF Corporate Member status (non-voting) may be granted to a recognised privately owned Asian or Non-Asian Corporation who has agreed to abide by the APF Statutes, and their admittance will be in accordance with its statutes.

3. New Members will be admitted by the Board of Administration subject to ratiication at the next General Assembly by the voting members and shall require, as a minimum two-thirds of the votes of members present.

4. If the application is rejected, full refund will be made.

INDIAN INSTITUTE OF PACKAGING
E-2, MIDC Area, PB No. 9432, Andheri (E),
Mumbai - 400 093, INDIA

Tel: +91-2-28209622 Fax: +91-22-28375302
Email: apf@asianpackaging.org
Website: www.asianpackaging.org

03. AUTHORISED REPRESENTATIVE

The appointed authorised representative will be the Recipient of all Membership Mailings.

Name (Mr/Ms/Dr): _____ Designation: _____

Email: _____ DID: _____ Fax: _____ Mobile Phone: _____

04. CHIEF EXECUTIVE OFFICER (OR EQUIVALENT)

If it is different from the Authorised Representative:

Name (Mr/Ms/Dr): _____ Designation: _____

Email: _____ DID: _____ Fax: _____ Mobile Phone: _____

I certify that the above information given is correct and true to the best of my knowledge.

_____
* Name and Signature of Applicant

_____
* Company Stamp and Date of Application

_____
Name and Signature of Introducer

05. FOR OFFICIAL USE ONLY

Approved by APF Board Members at: _____

_____

_____

Signed by:

Bank Draft No: _____

Total Fee Paid: _____

Date of Acceptance: _____

_____
President (Name & Country)

* Compulsory Field