

# CORPORATE MEMBERSHIP APPLICATION FORM

**President:** Dr. Jin Kie Shim (Korea)  
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**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
- Others, please specify:  
\_\_\_\_\_  
\_\_\_\_\_

- Food
- Beverages
- Canned Foods
- Confectionery
- Dairy

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 first year.

### BANK ACCOUNT

**Account Name:** Asian Packaging Federation, **Account Number:** 612 447 4207, **Bank Name:** Indian Bank, **Swift Code:** IDIBINBBFT, **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.

### 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: \_\_\_\_\_

\_\_\_\_\_  
President (Name & Country) Date of Acceptance: \_\_\_\_\_