

# GCCI REGISTRATION FORM

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Company Name:

Address:

P.O. Box:

Street/No:

Tel:

City:

Fax:

Cable:

Tlx:

E-Mail:

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Date Established:

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Business Registration No:

Date of Issue:

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Legal Status:  
Co.

(a) Public Co.

(b) Ltd. Liability Private

(c) Partnership

(d) State Owned Corp.

(e) Other \_\_\_\_\_

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Established as:

(a) Manufacturer

(b) Exporter (c) Agent

(d) Service Org.

(e) Importer/Exporter

Business Activity: (mention specific services/products)

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Branch Offices (name & address):

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Parent Company:

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Total No. of Employees:

Management

Others:

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Banker(s):

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Date Registered with GCCI:

Membership Status:  Full

Associate

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Further information which may be of interest to your potential buyer/supplier/partner: (e.g. type of Business preferred; joint venture, etc.)

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Name(s) of  
Proprietor: \_\_\_\_\_

Partners: \_\_\_\_\_

Directors: \_\_\_\_\_

We \_\_\_\_\_

*(state name of Company)*

hereby apply for membership of GCCI and if accepted, agree to abide by the rules and regulations of the Chamber as may be laid down from time to time.

***Person submitting the above information:***

Name:

Capacity:

Date:

Stamp and Signature

## FOR OFFICIAL USE ONLY

Approved at Board Meeting No. \_\_\_\_\_ held on \_\_\_\_\_

ID No.: \_\_\_\_\_

Recording Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_