

National Agribusiness Council – Business Information Center

Application Form for Membership

01	Date	
	Contact Person	
02	Name	
03	Designation	
04	Contact Number (s)	
05	Names of Authorized Persons to use BIC facilities #	
06	Contact Number	
07	Name of Company / Institution	
08	Address of the Company	
09	Fax Number	
10	Email Number	
11	Authorized Signature	
12	Field(s) of interest	Inform me about new arrivals <input type="checkbox"/> <i>Horticulture /Protected Agriculture</i> <input type="checkbox"/> <i>Floriculture</i> <input type="checkbox"/> <i>Field Crops & Seed</i> <input type="checkbox"/> <i>Livestock Production & Feed</i> <input type="checkbox"/> <i>Poultry Production & Feed</i> <input type="checkbox"/> <i>Processed food & Beverages</i> <input type="checkbox"/> <i>Coir Fibre</i> <input type="checkbox"/> <i>Spice</i> <input type="checkbox"/> <i>Plantation & Export Crops</i> <input type="checkbox"/> <i>Herbs & Herbal Products</i> <input type="checkbox"/> <i>Coconut Products</i> <input type="checkbox"/> <i>Agrochemicals</i> <input type="checkbox"/> <i>Fertilizers</i> <input type="checkbox"/> <i>Multi Sector activities</i> <input type="checkbox"/> <i>Technology Equipments & Machinery</i> <input type="checkbox"/> <i>Any other (Specify)</i> <input type="checkbox"/>

Membership of the company entitles you to nominate maximum of two persons to use the BIC facility separately they will have to prove identity before use of the facility

(Do not write below this line)

FOR OFFICE USE ONLY

01	Membership Approved By	
02	Membership Number	
03	Date effective	
04	Renewed on	
05	Paid by Cash / Cheque (.....)	Receipt No
06	Remarks	