

MEMBERSHIP APPLICATION FORM OF KERALA SMALL SCALE SOAP MANUFACTURES ASSOCIATION

NAME AND ADDRESS OF THE APPLICANT

						PIN				

Phone: Off: Res: Mob:

Proprietor ship: ☐ Partnership: ☐ Company : ☐ Others:

Starting year: No.of employees: Handmaid: ☐ Power: ☐

PRODUCT ITEMS	BRAND NAME	QUANTITY PER MONTH
Washing soap		
Toilet soap		
Detergent soap		
Detergent powder		
Others		

I,.....here by agree to abide by the policy manual of the association

Recommender's address and signature

Signature of the applicant

Place:

Date:

For office use only