



AUDIT BUREAU OF CIRCULATIONS
Wakefield House, Sprott Road, Ballard Estate, Mumbai- 400 001

MEMBERSHIP APPLICATION FORM

NEWS AGENCIES /ASSOCIATIONS/ ORGANISATIONS/ GOVT. PUBLICITY DEPT.

The Secretary General
Audit Bureau Of Circulations
Wakefield House, Ballard Estate,
Sprott Road,
Mumbai - 400 001

Place_____

Date _____

I/We, the undersigned, hereby apply to the Council of Management of Audit Bureau of Circulations for enrolment to membership of the Bureau.

I/We undertake to abide by the Memorandum and Articles of Association of the Company, and to observe the rules and regulations governing the working of the Bureau as laid down by the Council from time to time.

I/We further agree that in the event of any differences of disputes arising between me/we and the Bureau and / or its Council of Management at any time from the date of this application, whether during the period of my /our membership of the Bureau or after its cessation, these shall be subject to the jurisdiction of Courts in Mumbai only. I/We hereby undertake to reimburse the entire legal expenses incurred by ABC in all cases where a legal case (Suit etc. or arbitration) has been initiated / filed by me and /or my company / organization against ABC for any reason.

(The Audit Bureau of Circulations is a company limited by Guarantee and not having a share capital. The only possible financial liability attached to members, other than their entrance fee and annual subscription is one of not exceeding Rupees fifteen per member in the event of winding up of the Company.)

I/We declare that, according to the schedule of fees fixed by the Council of Management, from time to time the amount of my/ our Entrance fee is Rs. _____ and the amount of my / our Annual Subscription works out to Rs. _____
(Applicants may apply at any time during the year. Membership subscription will thereafter fall due on 1st April every year)

Cheque /DD for Rs. _____ (Rupees _____) is enclosed.

Signed _____
(Please affix Rubber Stamp / Seal)

For & on behalf of _____

Address _____

Proposed by _____
(Please affix Rubber Stamp / Seal)

Seconded by _____
(Please affix Rubber Stamp / Seal)

(To be proposed and seconded by any two members of the Bureau.)



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INFORMATION FORM

NEWS AGENCIES /ASSOCIATIONS/ ORGANISATIONS/ GOVT. PUBLICITY DEPT.

1. Name and Address _____

2. Telephone, Fax & Email Details : _____

3. Date of Establishment _____
4. Type of Organisation - _____
(i) Company under the Companies Act
(ii) Partnership firm
(iii) Proprietary concern
5. Is the Applicant Organisation a subsidiary? _____
If so, state the name and address of the holding
Company : _____
6. Name and designation of the Representative on the Bureau : _____

7. Are any of the owners or persons referred to in (6)above _____
directly or indirectly financially connected with any _____
newspaper and /or periodicals ? If so please give details : _____
8. Branch Offices : _____
9. State the purpose for which you desire to avail the bureau's
Services : _____
10. Is the applicant Organisation a member of any other professional
Organisation ? If so, please state its name _____
11. Name and Address of your Bankers: _____

Place : _____

For and on behalf of _____

Date : _____

Designation _____
(Please affix Rubber Stamp/Seal)

(Please affix Rubber Stamp/Seal)