



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

**MEMBERSHIP APPLICATION FORM**

**PUBLISHER**

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.

We also undertake to submit circulation figures every six months which are compiled as per the provisions of Bureau's Guide to ABC Audit and audited by an empanelled firm of auditor.

(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 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.

An amount of Rs. \_\_\_\_\_ towards Application fee is remitted alongwith the Application Form.

Cheque for Rs . \_\_\_\_\_ (Rupees \_\_\_\_\_) is enclosed.

Name of Publication \_\_\_\_\_

Signed \_\_\_\_\_  
( Please affix Rubber Stamp / Seal )

**For & on behalf of** \_\_\_\_\_

**Address** \_\_\_\_\_

<b>Proposed by</b>		<b>Seconded by</b>	
Name of the representative [should be a member of ABC]		Name of the representative [should be a member of ABC]	
Company's Name: [in case of publisher member, please mention the name of the publication represented]		Company's Name: [in case of publisher member, please mention the name of the publication represented]	
Signature		Signature	
Rubber Stamp / Seal		Rubber Stamp / Seal	

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



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**Permanent Information Form**  
*(Publications)*

1. Publication (Title) : \_\_\_\_\_ Date of starting: \_\_\_\_\_  
Edition : \_\_\_\_\_ [Pl. attach specimen copy  
Printing centre : \_\_\_\_\_ of current issue]  
Publishers : \_\_\_\_\_

2. **Name of the Company/Firm** : \_\_\_\_\_  
Address : \_\_\_\_\_  
Email : \_\_\_\_\_  
Telephone : \_\_\_\_\_

3. **Published from (full address)** : \_\_\_\_\_  
Email : \_\_\_\_\_  
Telephone : \_\_\_\_\_

4. **Printed at (full address)** : \_\_\_\_\_  
Email : \_\_\_\_\_  
Telephone : \_\_\_\_\_

5. Nature of Publication \_\_\_\_\_  
Frequency of issue \_\_\_\_\_ Claimed Circulation \_\_\_\_\_  
Price \_\_\_\_\_ Language \_\_\_\_\_  
RNI Registration No. \_\_\_\_\_ [please attach a copy of RNI Certificate]

6. Language in which the books of accounts and other records are maintained \_\_\_\_\_  
Name of all other publications printed and owned by the Company/Firm \_\_\_\_\_  
\_\_\_\_\_

Branch Office(s) at \_\_\_\_\_

7. Does the Publisher-applicant belong to any other professional organisation(s) e.g. INS and or ILNA etc? if so, the name(s) of such organization(s) may please be stated \_\_\_\_\_

\_\_\_\_\_

8. a) Name of Representative on the Bureau \_\_\_\_\_

Designation , Address, Email, Tel. No. & Mobile No. \_\_\_\_\_

8.b) Name & address, email, Tel. No. & Mobile No. \_\_\_\_\_  
of person to whom correspondence  
to be addressed to \_\_\_\_\_

8.c) Name of Mumbai Representative \_\_\_\_\_  
(if any)

Address, Email, Tel. No. & Mobile No. \_\_\_\_\_

## **9. MECHANICAL DETAILS**

Size of the page \_\_\_\_\_ Number of Pages \_\_\_\_\_

Width of Column \_\_\_\_\_ Length of Column \_\_\_\_\_

Number of Columns per page \_\_\_\_\_

Type of paper used \_\_\_\_\_

Type of Printing Machine \_\_\_\_\_

Printing Capacity \_\_\_\_\_

Number of Rotary Printing Units \_\_\_\_\_

Capacity per Rotary Printing Unit \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_ For and on behalf of \_\_\_\_\_

Name & Designation \_\_\_\_\_

(Please affix Rubber Stamp/Seal)

(Please attach your current Advertising rate Card and a Specimen Copy of the Publication)

\_\_\_\_\_  
(Please affix Rubber Stamp/Seal)