



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

MEMBERSHIP APPLICATION FORM

ADVERTISING AGENCY

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.

(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 is Rs. \_\_\_\_\_

(Applicants may apply at any time during the year. Membership subscription will thereafter fall due on 1<sup>st</sup> 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

**ADVERTISING AGENCY APPLICANT**

1. Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Branch Offices : \_\_\_\_\_

3. Telephone, Fax & Email \_\_\_\_\_  
\_\_\_\_\_

4. Date of Establishment \_\_\_\_\_

5. Type of Organisation \_\_\_\_\_

i) Company under the Companies Act    ii) Partnership    iii) Proprietary concern

6. Is the Applicant Agency a subsidiary ? If so, state the name and address of the holding Company :  
\_\_\_\_\_  
\_\_\_\_\_

7. Name, designation and Address of the Representative on the Bureau \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. State the approximate gross press billing for previous financial year: \_\_\_\_\_

9. Names of clients served (Please attach list) \_\_\_\_\_

10. Is the applicant agency accredited to INS (New Delhi) or \_\_\_\_\_  
AAAI (Mumbai)? If so please attach documents. \_\_\_\_\_

Place : \_\_\_\_\_

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

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

Designation \_\_\_\_\_

(Please affix Rubber Stamp/Seal)

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