

(Established under the aegis of DIPP, Ministry of Commerce & Industry, Government of India)

A-30, 1st Floor, NDSE Part-II, New Delhi — 110 003

Phone: 011-28594367, Fax 011-28594363 Email: info@cfla.co.in

Website: www.cfla.co.in

MEMBERSHIP APPLICATION FORM

THE MANAGING COMMITTEE

COUNCIL FOR FOOTWEAR, LEATHER AND ACCESSORIES

2ND FLOOR, BUILDING NO. 8, TOWER-B

DLF CYBER CITI, PHASE-II, GURGAON, HARYANA — 122 002

Dear Sir(s),

We wish to apply for CFLA membership. The application form, duly completed, is submitted along with the relevant supporting documents.

Kindly acknowledge receipt of the above and confirm Ordinary/Associate* membership.

For (Name of Organisation)

Name of Authorised Signatory

Designation:

Date:

(Signature with company stamp)

Place:

**Strike out inapplicable*

PARTICULARS

1. Name: _____

2. Designation: _____

3. Mobile No.: _____ E-mail ID: _____

4. Applicant Organisation: _____

5. Registered Office Address: _____

6. Correspondence Address: _____

7. Telephone No. (with STD code): _____ Fax No.: _____

8. Office Email: _____ Website: _____

9. Factory/Tannery Address, if any (attach separate sheet if more than one factory/tannery)

10. Telephone No. (with STD Code): _____ Fax No.: _____

11. Email: _____

12. Nature of Activity: manufacturer/merchant/others: _____

13. Branch Office/Overseas Office Address, if any

Correspondence Address: _____

Telephone No. (with STD code): _____ **Fax No.:** _____

Email: _____ **Website:** _____

14. Date of Establishment: DD _____ MM _____ YYYY _____

15. Date of commencement of production: DD _____ MM _____ YYYY _____

16. Constitution of the applicant: firm/partnership/private limited/public limited/HUF/others

17. Name and Addresses of directors/proprietors/partners (attach separate sheet, if necessary):

(i) _____

(ii) _____

(iii) _____

18. Name and Address of Bank

Bank Name: _____

Address: _____

Telephone No. (with STD code): _____ **Fax No.:** _____

19. Total Capital Employed in Plant and Machinery (in Rs.)

Micro Enterprise (less than Rs. 25 lakh) _____

Small Enterprise (Rs. 25 lakh to Rs. 5 crore) _____

Medium Enterprise (Rs. 5 crore to 10 crore) _____

Large Enterprises (More than Rs. 10 crore) _____

20. Whether Following Standards Achieved, if Applicable?

- ISO 9001 for Quality Management Systems: Yes/No
- ISO 14001-for Environment Management: Yes/No
- OHSAS 18001 for Occupational Health and Safety Management Systems: Yes/No
- SA-8000 for Social Accountability: Yes/No

(A self-certified copy of the recognition certificate to be attached)

21. Details of Product-Wise Production and Sales (for the last 5 financial years)

As per last audited balance sheet/annual report, (please attach a separate sheet for last four years):

S. No.	Name of Product	Nature of Product <i>(footwear, leather, accessories, components)</i>	Total Value of Production <i>(in Rs. cr)</i>	Total Quantity of Production <i>(in pairs/sq. ft.)</i>	Total Domestic Sales <i>(in Rs. cr)</i>	Total Export Sales <i>(in Rs. cr)</i>

Please specify the name of country/ies to which exported: _____

22. Detail of Product-Wise Imports (for the last 5 financial years)

As per last audited balance sheet/annual report, (please attach a separate sheet for last four years):

Sr. No.	Name of Product	Nature of Product (footwear, leather, accessories, components)	Total Value of Product Imported (in Rs. cr)	Total Quantity of Product Imported (in pairs/sq. ft.)	Total Imported Product used as Raw Material (in Rs. cr)	Total Imported Product Sold in Domestic/Export Market (in Rs. cr)

23. Employment Details:

		Male	Female	Total
Shop Floor Level	Skilled			
	Unskilled			
Middle Management				
Top Management				

24. Whether the applicant is already a registered member with any other council. If so, give registration no. and details thereof and name and address of the registering office of the council:

(Attach separate sheet, if necessary)

25. Whether the applicant is associated with any other company/firm/other entity, which is already or was earlier registered with CFLA. If so, give registration no. and date, and specify the reason for discontinuation of the membership, if any.

(Attach separate sheet, if necessary)

26. Whether the applicant is registered under the Factories Act. If so, please give registration no., date and validity:

(Attach separate sheet, if necessary)

27. Whether the applicant has any joint ventures, technical collaborations and strategic alliances. If so, please give details:

a) Name and address of major parties to the joint venture arrangement, technical collaboration & alliances:

b) Name and nature of product/services under joint venture arrangement, technical collaboration & alliances:

(Attach separate sheet, if necessary)

28. A short note will be attached with this application stating the name of regulatory authorities/government departments with which the applicant organisation/entity is registered, such as excise/VAT/service tax/EPF/ESI/pollution control department/legal metrology/others

(Attach separate sheet, if necessary)

DECLARATION

I/We* hereby declare that the particulars given in the application are true and correct to the best of my/our knowledge and belief. I/We also undertake to abide by the conditions of Ordinary/Associate* membership in the event admitted.

I/We* hereby undertake that the decision of the Managing Committee of the Council for Footwear, Leather and Accessories for accepting or rejecting of this application for membership shall be final and I/we* will not challenge any action of the Managing Committee in any court/tribunal/otherwise for the above purpose.

**Strike out inapplicable*

For (Name of Organisation)

Name of authorised signatory

Designation:

Date:

(Signature with company stamp)

Place:

This application should be proposed and seconded by two existing CFLA members or any two subscribers to the Memorandum of Association of CFLA

PROPOSED BY:



Name: _____

Designation: _____

Organisation: _____

Registered Office Address: _____

Correspondence Address: _____

Telephone No. (with STD code): _____ Fax No.: _____

Email: _____ Website: _____

(Authorised signatory with company Stamp) Date: _____

Place: _____

SECONDED BY:

Name: _____

Designation: _____

Organisation: _____

Registered Office Address: _____

Correspondence Address: _____

Telephone No. (with STD code): _____ Fax No.: _____

Email: _____ Website: _____

(Authorised signatory with company Stamp) Date: _____

Place: _____