



Reg No. :169 / 2017

Myco: 116813467

INDIA - MYANMAR CHAMBER OF COMMERCE

India Center, No. 654-666, Corner of Merchant Shwe Bon Thar Rd.,
Yangon, Myanmar. Email: imccmyanmar@gmail.com

DETAILED PROFILE OF THE APPLICANT

(a) Name of the Company	...	
(b) Registration No. & Date	...	
1. Address (Myanmar)	...	
(a) Telephone	...	
(b) E-mail	...	
(c) Website	...	
2. Address (Foreign)	...	
(a) Telephone	...	
(b) E-mail	...	
3. Nature of Business	...	
4. Name of Managing Director	...	
(a) Nationality	...	
(b) Email	...	
(c) Mobile No.	...	
5. Authorized Representative Name	...	
(a) Nationality	...	
(b) Email	...	
(c) Mobile No.	...	
6. Business Interests		
i) Manufacturers of	...	
ii) Exporters of	...	
iii) Importers of	...	
iv) Deals in	...	
v) Whole sale	...	
vi) Retail	...	



7. Name (s) of another Organizations /
Chambers /Associations / Export Promotion
Councils of which you are a member

1.
2.
3.

8. Attach self-attested photo
copies of following

(1) Company Registration Certificate	...	Attached	/	NA
(2) Representative's Passport	...	Attached	/	NA
(3) Representative's NRC	...	Attached	/	NA

PHOTO

Signature

Name

Designation

Date

For Office use:

Remarks:

Secretary

President



APPLICATION FORM FOR MEMBERSHIP

To

The Secretary
India Myanmar Chamber of Commerce
Yangon - Myanmar

Date _____

Dear Sir,

I/We request you to admit me/us as a member of "India Myanmar Chamber of Commerce."

I/We hereby agree that in the event of my/our admission as a member, I/We shall be bound by the Memorandum and Articles of Association of the Chamber and all the rules set by the executive committee time to time / adhering to its by-law.

I/We are enclosing all the relevant supporting documents and our payment towards Admission and Subscription Fee for the membership valid up to 30th Sept 2025.

Yours faithfully

New Full-Year Membership (Oct to Sept)

Membership Fee : 1,000,000 MMK
KBZ Bank : 20610320601594101(Normal)
CB Bank : 0086100900054968(Special)
INDIA MYANMAR CHAMBER OF COMMERCE

Name & Signature

Proposed by _____

Seconded by _____

Company Seal

Name of the Company _____

Address _____

Nature of Business _____

To be filled in by the Office:

C.R. No. _____ Date of Admission _____

Dated _____ Membership No. _____