



Membership No:

Valid: From: To:

Registered Office:

A : P-1, Hide Lane, Johar Building, Suite - 6E, Kolkata - 700073

P : +91-9073181331 E : contact@logolepsy.in

MEMBERSHIP INFORMATION

Membership Fees (Yearly)

Individual : INR 1200 Corporate: INR 10000

FOR INDIVIDUALS
Affix a clear scanned copy
of your photograph

FOR CORPORATES
Affix your company logo

Recommended Resolution: 150 Dpi

Full Name :

Address :

Date of Birth : / /

Pin Code:

Email :

GSTIN:

Gender :

PAN:

Phone:

Profession:

Country :

Nationality :

Id Proof Type:

ID Proof No:

Membership: Individual Corporate

Fees Paid (INR):

I have read and agree to the terms and conditions of membership

Dear Sir / Madam :

Please attach a copy of your valid identity proof and proof of membership fees paid along with the form and send us the scanned copy at contact@logolepsy.in

Please note that we take approximately seven working days to generate your membership number.

Bank Details for Membership Fees

Beneficiary Name: Logolepsy Publishers Private Limited
Beneficiary Bank: HDFC Limited
Account No: 50200018193146 IFSC Code: HDFC0000531

THANK YOU FOR REGISTRATION

Write your instructions below (if any)

Applicant Signature

Office Approval

