

# APPLICATION FORM



## General Instructions;

- Please use this form to apply for membership of the Authentication Solution Providers' Association (ASPA), formerly known as Hologram Manufacturers Association of India (HoMAI).
- Please read the membership process and instructions carefully before filing the application form.
- Please fill in the requested information or put a √ in the check box, as appropriate.

## A) BASIC INFORMATION

Organisation Name

Primary Address Line 1 (*The Authentication Times magazine will be sent to this address*)

Address Line 2

Telephone

Fax Number

Mobile

Primary Email Address 1

Alternate Email Address 2

Website

Contact Person (Last Name)

First Name

Middle Name

If you would like to add any other address, please provide the same in a separate sheet.

## B) LEGAL INFORMATION (Please √ the appropriate box & enclose supporting document)

Private Limited  Public Limited  Proprietorship  Partnership/ LLP

Company Identification Number

Permanent Account Number (PAN)

TAN Number

Central Excise Number

Annual Turnover (*Authentication Business Division- Please enclose a self certified declaration*)

Number of Employees

## C) ACCREDITATIONS (Please √ the appropriate box & enclosed supporting document)

Membership of any industry Trade Association Yes  No   
Please mention names of other association/s you are a member of, in a separate sheet.

Certification (ISO Standards) Yes  No   
Please mention here the Standards you are certified for, and attach a copy of the certificate.

**D) MEMBERSHIP CATEGORY** (Please  $\checkmark$  the appropriate category & enclose supporting documents including full details of the manufacturing/development facility and the machineries and technologies operations therein.)

- Full Member (*Applicable to Producer, Developer and Supplier of Authentication solutions to the final customer*)
- Associate Member (Applicable to)
  - *Representative or re-sellers of authentication solutions-/-systems-/-technologies & products.*
  - Or*
  - *Provider of manufacturing inputs and technologies to producer and developer of authentication solutions-/-systems-/-technologies & products.*
  - Or*
  - *Provider of consultancy and research and training for authentication solutions-/-systems-/-technologies & products*
- Foreign Member (*Any company/organisation registered outside India that falls under category of Full and Associate membership*).
- Honorary Member/s (*An individual or Institution that has made outstanding contributions to the advancement of the authentication systems*).
- Patron/s (*A philanthropist or a renowned person who is interested in contributing to the advancement of the objectives of the Association*).

## E) ADMISSION AND MEMBERSHIP FEES

All new members have to pay a one-time Admission Fees as mentioned below. This is payable at the time of their induction as per their turnover from authentication solutions;-

Turnover up to 3 Crore	INR 30,000
Turnover above 3 Crore	INR 50,000

## SUBSCRIPTION FEES

The annual subscription will also be dependent on members'; turnover from authentication solutions, and is currently as under:

- Full Member (INR 1 Crore =INR 10 million)
- |                          |               |                         |     |           |
|--------------------------|---------------|-------------------------|-----|-----------|
| <input type="checkbox"/> | Fees band I   | up to 2 crores`         | INR | 25,000/-  |
| <input type="checkbox"/> | Fees band II  | INR 2 crore to 5 crore  | INR | 50,000/-  |
| <input type="checkbox"/> | Fees band III | INR 5 crore to 10 crore | INR | 75,000/-  |
| <input type="checkbox"/> | Fees band IV  | Above INR 10 crore      | INR | 100,000/- |
- Associate Member INR 30,000/-

## F) DECLARATIONS

If accepted as a member of the Authentication Solution Providers' Association, I/we hereby agree to abide by the Constitution and Bylaws of the Authentication Solution Providers' Association and by any amendments made thereto.

I/We also agree to support the aims and objectives of the Association and to abide by its Code of Conduct.

### ASPA CODE OF CONDUCT

1. Help promote & protect the common interests of ASPA & its members and not indulge in any act that brings harm and disrepute to the authentication industry.
2. Observe high standards of integrity & business ethics in their dealings with customers, ASPA members, associates, suppliers and Society as a whole.
3. Bring to the notice of the ASPA Secretariat any;
  - a) Breach of this Code by ASPA member.
  - b) Act committed by anyone that brings the authentication industry into disrepute.

I/We understand that the acceptance of this application does not automatically confer the ASPA membership to me/us.

I/We undertake to accept ASPA's decision regarding the classification of our membership category as per their norms.

Dated \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Signature \_\_\_\_\_

### ASPA OFFICE USE ONLY:

Date of Receipt of Application : \_\_\_\_\_

Date of report submitted by Secretariat : \_\_\_\_\_