



IRT CLIENT-MEMBERSHIP DATA FORM

1. Company Name: _____
2. Company Address: _____
3. Tel Numbers: _____ Cell # _____
4. Web & Email: _____
5. NTN #: _____ SECP Regn. #: _____
6. Nature of Company Business: _____

Tick out which Category of Membership Required					
Individual	Associate	Corporate-Indv Or Corporate Group	Logistic Infrastructural Operator, Developers, Vendors	AOP, Groups, Associations, Clubs, etc.	Bank, Insurance Co or other Financial

7. Name of Applicant Person: _____
8. Designation) _____ Signature _____
9. **Company Stamp / Seal**

Date: _____