



INDIAN DANISH CHAMBER OF COMMERCE

IDCC MEMBERSHIP APPLICATION FORM

We hereby apply for membership of Indian Danish Chamber of Commerce.
We have read the Articles of Association and we agree on the terms.

Company name: _____

Business area/sector: _____

Contact name: _____

Title: _____

Address: _____

Zip code: _____ City: _____

Country: _____

Telephone: _____

Mobile no.: _____

E-mail: _____

Website: _____

No. of employees: _____

Membership category:

Large Medium Small Non-profit Honary member

Date Signature

Date Signature (IDCC) Membership is valid from



INDIAN DANISH CHAMBER OF COMMERCE

Persons entitled to represent the member at the general meetings:

Contact name (voting right): _____

Title: _____

Mobile no.: _____

E-mail: _____

Contact name (voting right): _____

Title: _____

Mobile no.: _____

E-mail: _____

Persons to be invited to the events arranged by IDCC:

Contact name: _____

Title: _____

Mobile no.: _____

E-mail: _____

Contact name: _____

Title: _____

Mobile no.: _____

E-mail: _____

Contact name: _____

Title: _____

Mobile no.: _____

E-mail: _____

Other relevant contact persons of the member

Contact name: _____

Title: _____

Mobile no.: _____

E-mail: _____