MEMBERSHIP APPLICATION FORM

Join us in building Authentication eco-systems in India



GENERAL INSTRUCTIONS

A) BASIC INFORMATION

- Kindly use this form to apply for membership and email this form at info@aspaglobal.com or courier at 21-GF, Devika Tower 6, Nehru Place, New Delhi 110019, India
- Kindly read the membership process and instructions carefully before filing the application form.
- Kindly fill in the requested information or put a (X) in the check box, as appropriate.

COMPANY / ORGANISATION NAME					
PRIMARY ADDRESS					
CITY, STATE, PINCODE & COUNTRY					
TELEPHONE	FAX NUMBER	MOBILE			
PRIMARY EMAILID 1	ALTERNATE EMAIL ID 2	WEBSITE			
KEY 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 (X) the appr	ropriate box & enclose supporting docum	ent)			
PRIVATE LTD PUBLIC LTD	PROPRIETOR/LLP ANY C	OTHER			
COMPANY IDENTIFICATION NUMBER (CIN)	PERMANENT A/C	NUMBER (PAN)			
TAX IDENTIFICATION NUMBER (TAN)	GST / VAT NUMBER				
ANNUAL TURNOVER FROM AUTHENTICATION / 1 (Please enclose a self-certified declaration to hel					
NUMBER OF TOTAL EMPLOYEES					
C) ACCREDIATIONS (Please (X) the appropriat	te box & enclosed supporting document)				
Membership of any industry Trade Association Please mention names of other association/s you	Yes No u are a member of, in a separate sheet.				
Certification (ISO Standards) Please mention here the Standards you are certi	Yes No No ified for, and attach a copy of the certifica	ate.			



documents		ull details of the		category & enclose supporting nt facility and the machineries and		
	FULL MEM (Applicable		eveloper and Supplier of Au	thentication solutions to the final customer)		
	ASSOCIATE MEMBERS (Applicable to)					
	 Representative or re-sellers of authentication solutions-/-systems-/-technologies & products. OR 					
	 Provide 		ring inputs and technologies technologies & products.	s to producer and developer of authentication		
	 Provide 	er of consultancy logies & product		for authentication solutions-/-systems-/-		
		MEMBER (Any Associate mem		stered outside India that falls under category		
	HONORARY MEMBER (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) ADMIS	SION AND	MEMBERSHIP	FEES			
			ime Admission Fees as muction as per their turnover	entioned below. from authentication solutions;-		
	ip to 3 Crore bove 3 Croi		0,000 or USD 500 0,000 or USD 775			
	s under:	n will also be de	ependent on members'; turn Crore =INR 10 million)	nover from authentication solutions, and is		
		Fees band I	up to 2 crores`	INR 30,000/- or USD 450		
		Fees band II	INR 2 crore to 5 crore	INR 60,000/- or USD 900		
		Fees band III	INR 5 crore to 10 crore	INR 90,000/- or USD 1350		
		Fees band IV	INR 10 crore to 50 crore	INR 120,000/- or USD 1800		
		Fees band V	Above INR 50 crore	INR 150,000/- or USD 2250		
	Asso	ciate Member	INR 35,000/- or USD 500)		

APPLICATION FORM



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 As their norms.	SPA's decision regarding the classificatio	n of our membership category as per				
Dated	Name of Applicant	Signature				
	ASPA OFFICE USE ON	LY:				
Date of Receipt of Application	n :					
Date of report submitted by	Secretariat :					