

Associate Membership Form

Photo

Member

Company Name :
Address (Corporate Office):
Fax No : Tel No :
Year of Registration : Email :

Authorized Representative

Name : Designation :
Address (Permanent) : Tel No :
Mobile No : Fax No :
Email : Citizenship No :

Required Document for Registration:

- F** Company Registration and Updated Tax Clearance Certificate.
- F** Copy of Nepali Citizenship of the Authorized Representative.

This is to authorize Mr./Ms./Mrs.....to represent
and fulfill all the obligations as required by the constitution and byelaws of YCNC. Annual / lifetime
associate membership fee Rs..... in words..... is
enclosed herewith along with other required document.

Thank You

Authorized Signature and Stamp

Name :
Date :

For YCNC Use Only

Associate Member Code: YCNC Annual/Lifetime
Date :

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Verified By:

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Received By:

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Approved By: