

## APPLICATION FORM FOR NON-INDIVIDUAL MEMBERS

*(For Trusts / Societies / NGOs / Companies / Firms / LLPs / Institutions / Associations – Indian & Foreign)*

**Date:** \_\_\_\_\_

**To**

The Chairperson

**ZERO BLACK MONEY INTERNATIONAL ORGANIZATION (ZBMIO)**

8/28, Flat No. H-01 (Ground Floor),

Sector-3, Rajendra Nagar,

**Sahibabad, Ghaziabad (U.P.) – 201005, India**

**Subject: Application for Non-Individual Membership of ZBMIO**

Dear Sir / Madam,

We hereby apply for **Non-Individual Membership** of **Zero Black Money International Organization (ZBMIO)**.

We have read and understood the objectives and activities of ZBMIO and express our willingness to support and promote its movement for elimination of black money, tax evasion, corruption, and other unethical practices in all spheres of governance and society.

The required details of the entity and the authorized representative are furnished below for your kind consideration.

### A. DETAILS OF THE ENTITY

**Name of Organization / Institution / Entity:**

**Type of Entity** (✓ tick applicable)

- ☐ Trust
- ☐ Society
- ☐ NGO
- ☐ Company ☐ Private ☐ Public ☐ Section-8
- ☐ Partnership Firm
- ☐ LLP

- ☐ Institution / Association  
☐ Other (please specify): \_\_\_\_\_

**Country of Registration:**

- ☐ India      ☐ Foreign (Country): \_\_\_\_\_

**Registration / Incorporation Number & Date:****PAN / Tax Identification Number (if applicable):****Registered Office Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Country:** \_\_\_\_\_ **PIN / ZIP Code:** \_\_\_\_\_

**Official Email ID:** \_\_\_\_\_

**Official Contact Number (with Country Code):**

## **B. DETAILS OF AUTHORIZED REPRESENTATIVE**

*(Person authorized to act on behalf of the entity)*

**Full Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Nationality:**

- ☐ Indian      ☐ Foreign (Country): \_\_\_\_\_

**Contact Mobile No. (with Country Code):**

**Email ID:** \_\_\_\_\_

**Identity Proof (*Attach one self-attested copy*)**

- ☐ Aadhaar Card
- ☐ PAN Card
- ☐ Passport
- ☐ National Identity Card (for foreign nationals)

**ID Number:** \_\_\_\_\_

**Passport-size Photograph of Authorized Representative**  
*(To be affixed here)*

**C. DOCUMENTS ENCLOSED (*✓ tick attached*)**

- ☐ Registration / Incorporation Certificate of Entity
- ☐ PAN / Tax ID of Entity (if applicable)
- ☐ Registered Office Address Proof
- ☐ Board Resolution / Authorization Letter in favour of Authorized Representative
- ☐ ID Proof of Authorized Representative
- ☐ Passport of Authorized Representative (*mandatory for foreign nationals*)

**D. MEMBERSHIP CATEGORY APPLIED FOR**

- ☐ Annual Membership
- ☐ Life Membership

*(As per prevailing membership fee structure of ZBMIO)*

## F. DECLARATION

I/We hereby declare that the information furnished above is true, correct, and complete to the best of my/our knowledge and belief.

I/We confirm that I am / we are duly authorized to submit this application and to represent the above-named entity before Zero Black Money International Organization.

I/We agree to abide by the aims, objectives, rules, regulations, and decisions of ZBMIO, as amended from time to time.

I/We further understand that membership of ZBMIO does not confer any financial benefit, governmental authority, or special privilege.

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Seal / Stamp of the Entity:** \_\_\_\_\_

## FOR OFFICE USE ONLY

**Membership No.:** \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

**Authorized Signatory:** \_\_\_\_\_