



वेस्टर्न इन्डिया फ़िल्म ऍंड टीवी प्रोड्यूसर्स एसोसिएशन WESTERN INDIA FILM & TV PRODUCERS' ASSOCIATION

Registered under Society ACT 1860/No. Bomb38/1961 Public Trust Act 1950/No.P-1094 (Bombay)
206/207, Richa Building, 2nd Floor, Plot No. B-29, Opp. City Mall, New Link Road, Andheri (West), Mumbai- 400 053.
Tel: 022 4979 6721 • M: 8850496488 • Web: www.wifpa.net • Email: wifpa_2006@yahoo.co.in

Form No. _____

Mumbai (Regd. H.O) Estd. 1960
Ahmedabad (R.O) Estd. 1977
Lucknow-(R.O) Estd. 1984.

APPLICATION FOR MEMBERSHIP

(Under Rule No. 2)

To,
The Secretary,
Western India Film & TV Producers' Association
206-207, Richa Bldg. Plot No. B-29, New Link Road,
Andheri (W), Mumbai – 400 053.

Regn.No.

Date:

Ahmedabad Regional Office:
Ravi Chambers, Salaposse Road,
Ahmedabad- 380 001. (Gujarat)

U.P. Lucknow R.O. :
Flat No.A, 3rd Floor, Khushnuma Complex,
7 R.F. Bahadurji Marg (Meerabai Marg),
Near Dainik Jagaran Chauraha,
Lucknow-226 001
Mob.: 9984658159
Email: wifpalko2016@gmail.com

Affix Stamp
Size Photo
Here

Dear Sir,
I/We request you to enroll me/us as a "PRIME/ASSOCIATE" member of your Association.
I/We have received & read the MEMORANDUM AND ARTICLES of the Association &
hereby agree to abide by its Rules & Regulations.

The Prescribed non refundable Admission Fees & all other fees/Charges etc., are being paid along with this application.

The relevant Documents for name & address Proof i.e. Xerox of PAN Card & Adhar Cards or any other authentic proof such as
Election card, Electricity bill, Passport or Leave & License agreement copy is attached herewith.

The other details as required for your record and reference are being filled in by me/us below:

Signature of Applicant

PLEASE FILL IN ALL DETAILS IN BLOCK LETTERS

NAME OF THE APPLICANT / नाम : _____

FATHER/HUSBAND NAME / पिता/पती का नाम : _____

DOB/ जन्मतिथी : _____ Nationality/ राष्ट्रियता : _____

NAME OF THE FIRM / कंपनी का नाम : _____

COMPANY GSTN : _____

NATURE OF THE FIRM (Proprietorship, Partnership, HUF or Limited Co.) : _____

NAME OF THE PROPRIETOR / PARTNERS / DIRECTORS : _____

(Please attach a copy of Partnership Deed / LLP Deed / HUF Deed / Memorandum & Articles of Ltd. Co.)

POSTAL ADDRESS OF THE FIRM IN FULL (Attach Name & Address Proof) : _____

STATE : _____ PIN CODE : _____ PAN CARD No.: _____

Email: _____ MOBILE No : _____

PERMANENT ADDRESS : (Attach Add. Proof) _____

STATE : _____ PIN CODE : _____ (M) _____

ARE YOU A MEMBER OF ANY OTHER ASSOCIATION IF YES PLEASE MENTION THE NAME OF THE ASSOCIATION & MEM.NO.

NAME OF THE PICTURE'S PRODUCED IN PAST (if yes, attach censor certificate copy)

I / WE SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED HERE-IN-ABOVE IS TRUE AND AUTHENTIC TO THE BEST OF MY / OUR KNOWLEDGE.

Indemnification

- 1) I/We agree that the submission of the Membership Application shall be considered as conclusive proof of my/our assent to the rules and regulations of Western India Film & TV Producers Association.
- 2) I/We will abide by all the Rules and Regulations of the Association implemented/amended from time to time. The onus of acquiring knowledge of the same lies and rests entirely upon me. And in the event there is any violation/non-compliance and/or failure to follow any of the rules and regulations of the Association of my/our part; WIFPA has unfettered discretion to take the appropriate disciplinary action against me/us. I submit myself to the discretion of WIFPA, for decision and judgment in this regard.
- 3) I/We pledge and guarantee to indemnify Western India Film & TV Producers Association/ Hon. Office Bearers/Staff from any litigation, dispute and claim, arising from all matters connected and incidental to the allotment of the said membership, including but not limited to any human error, oversight while allotting the said membership.
- 4) I/We expressly and implied state and submit that I/We undertake to indemnify the Western India Film & TV Producers Association/ Hon. Office Bearers/Staff from all and every such liability that may arise at any given future date, in connection to the allotment of the said membership to me/us, by them. I/We state and submit that Western India Film & TV Producers Association/ Hon. Office Bearers/Staff will not be responsible for the same. I/We undertake to indemnify them completely, thoroughly and unconditionally.
- 5) I/We hereby state, submit and declare that WIFPA shall not be responsible, held accountable/answerable or liable in any extent or capacity for any illegal acts, wrongful conduct, mischief, malicious conduct, which includes but is not restricted and limited to the offences of commercial fraud, criminal activity, treason, moral turpitude, anti-national and anti-social behaviour; committed by me. I undertake to indemnify WIFPA as to all and every consequence arising therefrom, including but not limited to litigation costs and all expenses, Advocate charges, damages for loss of reputation, other damages/costs/miscellaneous expenses which may have been incurred on account of my/our wrongful behaviour and entirely on my/our behest.
- 6) I/We hereby state and declare that as on date of signing the said form, I/We certify and submit that I/We am/are of a good standing and moral character. And I/We am/are not involved in any criminal/unlawful and illegal activities. I/We further promise, pledge and declare that I/We will continue to maintain my good standing and moral character, and I/We will not commit any act or be part of any such activity that would compromise the ethos and principles of WIFPA and/or any other law of the land.
- 7) I/We hereby state and submit that I/We will not file any complaint/case against WIFPA/Office Bearers/Staff on any forum. Failure on my/our part to honour this solemn promise/declaration, would amount to immediate revocation of my membership with the Association. The decision of WIFPA would be final and binding in this regard.
- 8) I/We hereby agree that all dispute matters will be resolved and settled by WIFPA in Mumbai Jurisdiction.
- 9) I/we hereby state and submit that I/We will not file any complaint, including but not limited to civil, criminal, commercial case(s) / dispute(s) / proceedings(s) before any authority-Judicial or Quasi-Judicial, any Court, forum, tribunal or any competent authority whatsoever; against WIFPA / the Office Bearers of WIFPA in their professional or personal capacity and the Staff of WIFPA in their professional or personal capacity. Nor will I/we implead WIFPA/ Office Bearers of WIFPA and Staff of WIFPA even as a formal party Respondent in any complaint, including but not limited to civil, criminal, commercial case(s)/dispute(s)/proceedings(s) before any authority-Judicial or QuasiJudicial, any Court, forum, tribunal or any competent authority whatsoever. I/we undertake to not litigate against WIFPA/Office Bearers of WIFPA and Staff of WIFPA. Failure on my/ our part to honour this solemn promise/ declaration, would amount to immediate, unconditional and forthwith termination, revocation and removal of my /our membership with WIFPA. The decision of WIFPA would be final and binding in this regard.

For M/s. _____

Name : (Proprietor / Partners / Directors) _____

Signature of Proprietor / Partners / Directors _____

WITNESS / पहचानकर्ता (Compulsory)	WITNESS DECLARATION
Name : _____ Add.: _____ _____ _____ Mobile No : _____ Signature : _____	1) I/We hereby state and submit that I/we guarantee, superimpose and second all the aforesaid points accepted, undertaken and promised by the instant Membership Applicant, which form part and parcel of the 'Indemnification' section above. 2) I/We hereby state and submit to the best of my/our knowledge and beliefs that the indemnification cum declaration submitted by the instant Membership Applicant is true and correct. 3) I/We hereby state and submit that I/we personally certify and hold the instant Membership Applicant as an entity having good moral character, background and repute; worthy of being conferred membership of WIFPA. 4) I/We therefore unconditionally guarantee the instant Membership Applicant to WIFPA. Thus, I/We humbly hope and pray that WIFPA places reliance and faith on my/our guarantee/assurances and grants the instant Applicant membership of their esteemed institution.

Note : Attach PAN Card & Adhar Card Copy

FOR OFFICE USE ONLY

Received Total Amt. _____ Receipt No : _____ Issued on Date : _____

Details of Documents Attached : _____

Clerk's Signature : _____ Office Secretary's Sign : _____