MEMBERSHIP APPLICATION FORM

(In accordance with clause 6 of the constitution of the Registered Trustees of the Malawi Confederation of Chambers of Commerce and Industry)

The Chief Executive,
Malawi Confederation of Chambers of Commerce and Industry,
P O Box 258,
BLANTYRE.

Dear Sir,

We hereby apply for membership of the Malawi Confederation of Chambers of Commerce and Industry (MCCCI) for the year beginning 1st January 2019 and ending 31st December 2019 and if accepted we agree to abide by its Constitution.

The Constitution is available for inspection at www.mccci.org or on request from mccci@mccci.org

1.0. Particulars of Company/Organization

Company name: ..............................................................................................................................
Physical address: ............................................................................................................................
Postal address: ...............................................................................................................................
City/Town: .................................................... Region: ............................................................
Telephone (s): .................................................... Fax: ............................................................
Email: ........................................................... Website: ............................................................
Year of establishment/incorporation: ....................... Reg. No. .........................
TPIN ..................... Financial year: From.........................To..............................

Main Branches: ..........................................................................................................................

Annual turnover for the last audited financial year: MK..................................................

Total capital investment for the last audited financial year: MK..............................................

If an association, Number of paid up members: .................................................................
2.0. **Particulars of Contact Person(s)**

1. Name: ………………………………… Designation ……………………………
   
   E-mail Address: ……………………………… Cell…………………………

2. Name: ………………………………… Designation ……………………………
   
   E-mail Address: ……………………………… Cell…………………………

3.0. **Particulars of Directors/Shareholders/Trustees/Partners/ Proprietors**

<table>
<thead>
<tr>
<th>NAME</th>
<th>GENDER</th>
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<tbody>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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4.0. **Particulars of Management Team**

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Director/General Manager/Chief Executive</td>
<td>……………………………………</td>
</tr>
<tr>
<td>Head of Finance</td>
<td>……………………………………</td>
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<tr>
<td>Head of Marketing</td>
<td>……………………………………</td>
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<tr>
<td>Head of Human Resources</td>
<td>……………………………………</td>
</tr>
</tbody>
</table>

5.0. **Form of Business** *(Please Tick)*

- [ ] Public limited
- [ ] Private limited
- [ ] Partnership
- [ ] Sole proprietor
- [ ] Trust
- [ ] Parastatal
- [ ] Association
- [ ] Cooperative
- [ ] Other (specify) ………………………

6.0. **Type of Business Entity** *(Please Tick)*

- [ ] Domestic Enterprise
- [ ] Foreign Enterprise
- [ ] Domestic Enterprise Subsidiary
- [ ] Foreign Enterprise Subsidiary
- [ ] Domestic Enterprise Agent
- [ ] Foreign Enterprise Agent
7.0. **Economic Sector**: (Please Tick all Appropriate Sectors)

- Domestic Enterprise Distributor
- Foreign Enterprise Distributor
- Franchise
- Other (specify)

- Agriculture, Forestry & Fishing
- Mining and Quarrying
- Manufacturing
- Electricity, Gas and Water
- Construction
- Wholesale and Retail Trade
- Transport and Storage
- Accommodation and Food Service
- Information and Communication
- Financial and Insurance Services
- Real Estate Activities
- Other (specify)

8.0. **Product(s) and/or Service(s):**

List Products and/or Services

9.0. **Export Product(s):**

Exports value for the last audited financial year: MK

Export destinations

10.0. **Import Product(s):**

Imports value for the last audited financial year: MK

Import sources

11.0. **Employment**

Number of permanent employees (including working directors): 

Number of Male Employees: Number of Female Employees:

Number of Skilled Employees: Number of Unskilled Employees:

Number of Expatriate Employees: Number of Local Employees:

12.0. **Distribution of Employees by Level of Education:**

Primary Education: Secondary Education:

University/College Diploma or Certificate: Degree:
13.0. Other Business/Trade /Professional Associations to which the company is a member
1. ................................................................................................................................................
2. ................................................................................................................................................
3. ................................................................................................................................................
4. ................................................................................................................................................
5. ................................................................................................................................................

14.0. Expectations from MCCCI Membership
1. ................................................................................................................................................
2. ................................................................................................................................................
3. ................................................................................................................................................
4. ................................................................................................................................................
5. ................................................................................................................................................

15.0. Business Referees (Bankers/Lawyers/Auditors/Sponsors/Sector Association)
1. Name of Referee: ......................................................................................................................
   Address: .................................................................................................................................
   Telephone: ......................... Fax: ......................... Email: ....................................................
   Name of contact person: ................................................................. Title: ..........................
   Position: .................................................................................................................................

2. Name of Referee: ......................................................................................................................
   Address: .................................................................................................................................
   Telephone: ......................... Fax: ......................... Email: ....................................................
   Name of contact person: ................................................................. Title: ..........................
   Position: .................................................................................................................................

16.0. Membership Category Selection
   (Membership benefits for each category are outlined in the brochure and at www.mccci.org)

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Annual Membership Subscription (MK)</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>1,750,000.00</td>
<td></td>
</tr>
<tr>
<td>Platinum</td>
<td>750,000.00</td>
<td></td>
</tr>
<tr>
<td>Diamond</td>
<td>420,000.00</td>
<td></td>
</tr>
<tr>
<td>Bronze</td>
<td>125,000.00</td>
<td></td>
</tr>
<tr>
<td>Star- Cooperatives</td>
<td>90,000.00</td>
<td></td>
</tr>
<tr>
<td>Application Fee</td>
<td>2,500.00</td>
<td></td>
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</tbody>
</table>
NB:
a) The Council of the Confederation reserves the right to change the membership categories, revise the membership application fee and the Annual Membership Subscription from time to time subject to the provision of the Constitution.

b) Membership application processing fee of **K2,500.00** is payable on submission of this application form

c) Voting rights are in accordance with the membership category with a maximum of ten for the Premium Category.

**Name on Behalf of Applicant**…………………………**Designation**: …………………….

**Signature**: ………………………………………….. **Date**: ……………………………..

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**FOR OFFICIAL USE ONLY**

**Name of Official** ………………… **Designation** ………………… **Date** ………………….. 

The application for membership is **approved** □ / is **not approved** □ (Tick box)

If **Not approved**, state reasons: ……………………………………………………………………………

……………………………………………………………………………………………………………………

Approved by: **Chief Executive**: …………………….. **Date**: ……………………..