

Venture Capital and Private Equity Association of Bangladesh (VCPEAB)
Application for Membership

Company information:

Name of the Company/Organization:

Year of establishment:

Registered address:

.....

.....

District: Post Code

.....

Current address: Same as above; else fill in below.

(Officials will visit This address for Verification)

.....

District: Post Code: ()

.....

Contact details: Phone: Mobile:

.....

Fax:

E-mail:

Web:

Legal structure of the company: Proprietorship Partnership Private Ltd

Public Ltd. Public Ltd (Listed)

Trade license number: Valid until:

Type of business as appears in trade license in native language

TIN No. (Proprietor/Organization/Company):.....

Organization Head Name: Designation: Direct phone: Mobile: E-mail:

Signature:

VCPEAB Representative _____ same as above; else fill in below.

Name:

Designation:

Direct phone:

Mobile:

E-mail:

Signature:

Area of business activity:

(Please write down)

I am applying for:

General Member

Associate Member

Foreign Member

Accordingly, we are enclosing the required fees.

Payment information

DD/Pay order no:.....Date:.....

Bank:

Branch:

Code of Conduct:

We have read the Membership Enrollment Process and code of conduct of VCPEAB and agree to abide by all the association's rules and policies. We also authorize VCPEAB to visit our premises for membership approval purposes. We will also submit any addition document that might be requested by VCPEAB. We have read the '**Code of Conduct**' as applicable to members of VCPEAB and we agree to abide by them completely.

Signature of Authorized Signatory

.....
Signature :

Date:

Name:

Designation:

For office uses only:

Date of application: _____

Received by: _____ Signature: _____

Submitted by: _____

Recommendation by the visitor:

Date of company visit:

Recommended May be Recommended Not Recommended

Recommended for membership

Signature of Chairman/ General Secretary/Director

Meeting Date: _____

Approved by the "Executive Council"

Approved as Associate Membership General Membership Foreign Membership

Board Meeting _____ Date: _____

Signature of

Signature of Secretary

President Secretary General

Membership approval status: Not recommended for membership

If not recommended please specify reasons below:

Register Information

Membership ID: _____ Page Number: _____

Register update by: _____ Date: _____

References

1st Reference from any VCPEAB member

Company Name: _____

(Name of the VCPEAB representative who is proposing)

(Designation of the VCPEAB representative who is proposing)

(Name of the VCPEAB Member Company)

(VCPEAB Membership Number)

Do hereby propose _____
(Applicant's company name)

For VCPEAB membership

Signature, Company seal & Date