ABAD MEMBERSHIP APPLICATION FORM
Schedule No. 1. (upload at #5) note : schedule no 1,2,3 at point # 5

GENERAL INFORMATION
ABOUT THE COMPANY / FIRM

1. Name of the Company/Firm : _____
2. Date of Incorporation/Registration / Establishment: _____
3. Incorporated/Registered with : _____
4. Statues of the Organization i.e. Proprietor/Private Limited/Public Limited : _____
5. National Tax (N.T.) No. of the Firm/Company : _____
6. a. Address (Registered Office): : _____

   : _____

   : _____

   Phone # : _____

   Fax #: : _____

   E-mail : _____

   b. Address (Branch/Regional Office) :_____

   :_____

   : _____

   Phone # : _____

   Fax # : _____

   E-mail : _____
7. Name and Address of usual Bankers : _____

_____ _____
Date Signature

_____
Name

_____ _____
Seal of the Company/Firm Designation

Note: This Schedule No.1 should be signed by any of the one of authorized representative of the Firm/Company.

ABAD Membership Application Form
Schedule No. 2

GENERAL INFORMATION

ABOUT THE DIRECTORS / PARTNERS / PROPRIETOR

(Please fill out separate form for each Director / Partner / Proprietor / Principal and Alternative Representatives))

1. Name: Mr./Mrs./Ms. : _____

2. Father's/Husband's Name : _____

3. Age : _____

4. Designation : _____

5. Qualifications : _____

6. NIC (National Identity Card) # : _____

7. Address : _____

_____

_____

8. Phone # _____ : Residence _____ Mobile _____

9. Past experience in construction industry _____

10. Other Business, if any. : _____

11. Association with other Companies/Firms, if any _____

12. Any other information : _____

_____

_____ _____

Date Signature

Note: ***This form is to be filled in by all Partners/Directors/Proprietor/Principal and Alternative Representatives separately, kindly make copies, if required.***

GENERAL INFORMATION

ABOUT THE DIRECTORS / PARTNERS / PROPRIETOR

(Please fill out separate form for each Director / Partner / Proprietor / Principal and Alternative Representatives))

1. Name: Mr./Mrs./Ms. : _____

2. Father's/Husband's Name : _____

3. Age : _____

4. Designation : _____

5. Qualifications : _____

6. NIC (National Identity Card) # : _____

7. Address : _____

_____

_____

8. Phone # _____ : Residence _____ Mobile _____

9. Past experience in construction industry _____

10. Other Business, if any. : _____

12. Association with other Companies/Firms, if any _____

12. Any other information : _____

_____

_____ _____

Date Signature

Note: ***This form is to be filled in by all Partners/Directors/Proprietor/Principal and Alternative Representatives separately, kindly make copies, if required.***

ABAD Membership Application Form

Schedule No. 3

GENERAL INFORMATION ABOUT EXPERIENCE OF THE COMPANY

S.No	List of Project	Area of Plot (Flats / project)	Name of Plot (Flat or Project)	Nos. & Sizes of Plots (House Projects)	Location of Project	No. of Units/ Flats/ Shops/ Houses	Total Cost of Project as approved by KBCA in NOC	Date of Commencement	Date of Completion	Remarks/ Any Other Information
1	Projects completed by Applicant Company									
2	On-Going Projects of Applicant Company									

Signature: _____

Company's / Firm's Seal: _____