



United Federation of Mineral Producers

(Incorporated Under Companies Act 2013 Non Profit Company)

CIN : U94990RJ2026NPL110841

B-253, Mewar Industrial Area, Madri, Udaipur - 313003 (Raj.)

E-mail : unitedfederationmp@gmail.com, Mobile : 9610256111, 8094455111

UNITED FEDERATION OF MINERAL PRODUCERS (UFMP)

GSTIN: 08AAECU0548E1ZH

MEMBERSHIP APPLICATION FORM

1. Type of Membership (✓ Tick Appropriate Category)

- ☐ Individual Member
- ☐ Firm / Partnership
- ☐ Company
- ☐ LLP
- ☐ Government Organization
- ☐ Association / Trade Body

2. Applicant Details

Name of Applicant / Organization:

Name of Authorized Representative:

Designation: _____

Registered Address:

City: _____ State: _____

PIN Code: _____

Mobile No.: _____

Email ID: _____

3. Business / Professional Details

Nature of Business / Mining Activity:

Mineral(s) Dealt With:

GST No. / CIN / LLPIN / Registration No.:



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4. Membership Fee Details Registration Fee)

☐ Individual / Firm / Partnership / Company / LLP / Govt. Organization

Fee: ₹ 21,000/- + GST @18% (Extra)

☐ Association Membership

Fee: ₹ 51,000/- + GST @18% (Extra)

Mode of Payment

☐ Cheque

☐ Demand Draft

☐ NEFT/RTGS

☐ Online Transfer

Transaction / Cheque No.: _____

Date: _____

UFMP Bank Account Details

Account Name: United Federation of Mineral Producers

Account Number: 693505602601

IFSC Code: ICIC0006935

Branch: GNPS (6935), Udaipur

5. References (Mandatory – Two Existing UFMP Members)

Reference 1

Name: _____

Membership No.: _____

Mobile No.: _____

Signature: _____



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Reference 2

Name: _____

Membership No.: _____

Mobile No.: _____

Signature: _____

6. Declaration by Applicant

I/We hereby apply for membership of the United Federation of Mineral Producers and declare that the information furnished above is true and correct to the best of my/our knowledge.

I/We agree to abide by the Memorandum, Rules, Regulations, Bye-laws, and Code of Conduct of the Federation and decisions taken by the Governing Body from time to time.

Place:

Date:

Signature of Applicant / Authorized Signatory:

Name:

Organization Seal:

Office Use Only (UFMP Secretariat Section)

Application No.: _____

Date of Receipt: _____

Membership Category: _____

Documents Verified By: _____

Membership Fee Received: ☐ Yes ☐ No

GST Invoice No.: _____

Remarks: