

FAI ANNUAL SEMINAR 2018

Registration Form

The Secretary
The Fertiliser Association of India
FAI House, 10 Shaheed Jit Singh Marg
New Delhi – 110 067, India

Please register my/our names(s) for the above Seminar (Please write in **CAPITAL LETTERS**)

	Name	Name to be printed on Badge	Designation	Email	Mobile
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

Organisation & Address _____ Phone _____
_____ Fax _____
_____ Email _____

GSTIN No. (If Any) _____

FAI Member : Yes/No

Enclosed is a Draft for US\$ _____ being the registration fee for the Seminar (US\$ 2200+18% GST per participant for FAI overseas members and US\$ 2600+18% GST per participant for FAI overseas non-members).

Date

Payment Options:

Draft: Please make Bank Draft payable at New York in favour of the 'The Fertiliser Association of India' OR Wire Transfer Details:

Bank Account Holder's Name: The Fertiliser Association of India

Bank Account Holder's Address: FAI House, 10 Shaheed Jit Singh Marg, New Delhi-110 067

Name of the Bank (Beneficiary Bank): CITIBANK, N.A., Delhi

Address of the Bank: Level -1, Gurmehar, A-12, Ring Road, South Extn-1, New Delhi - 110 049; +91-11-30035000/30035100

Bank Account Number: 0414462006; **Swift Code:** CITIINBX

Intermediary Bank: CITIBANK, New York (Swift Code: CITIUS33 and Nostro Account: 36241797)

FAI - GSTIN: 07AAACT0097M1Z3 and **FAI - PAN No.:** AACT0097M

Please fax/email copy of your banker's advice to us for follow up. You may also email the filled Registration Form to secy@faidelhi.org Please use separate sheet if more participants are sponsored.

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Passport Form

Please include a scanned copy of the first and last page of your passport

Name (Mr./Mrs./Ms.)

First Name

Sex

Father's/Husband's Name

Nationality

Date of Birth Place of Birth

Passport Number Place of Issue

Date of Issue Date of Expiry

Address

Business Contact Information

Address

Telephone Fax

Mobile

Email

Spouse Details (If Attending)

Name (Mr./Mrs./Ms.)

Nationality

Date of Birth Place of Birth

Passport Number Place of Issue

Date of Issue Date of Expiry

Address

Signature