



South India Garment Association
Bangalore

Member's information up-date Form

This is compulsory for all the members to send this form duly filled for confirmation of the member-ship

To,
Hon Secretary
South India Garment Association
Bangalore

Name of the Firm: _____

Complete Address: _____

Name of concerned person with designation and cell number:

1. Mr. _____ Proprietor/ Partner/ Mg Partner/ Director/ General

Manager / Sales Manager/ _____ Cell No. _____

2. Mr. _____ Proprietor/ Partner/ Mg Partner/ Director/ General

Manager / Sales Manager/ _____ Cell No. _____

Phone No. _____ Fax No. _____

Mail I.D. _____

Nature of Business: Garment / _____ Manufacturers/ Distributors/Agents

Brand Names _____ Men - Women - Kids - Accessories - Under Garments

Product Detail _____

Date:

Yours' Faithfully

Name _____

Seal & Sign

1. Ordinary Member-ship
2. Life Member-ship
3. Sister Concern Member-ship
4. Associate Members (Members from out of Bangalore City)

(Mark Your Membership category)