



Indian Film & TV Producers Council

Indian Film & TV Producers Council

(Registered under the Companies Act as Non-Profit Company)
1201, Lotus Trade Centre, D.N. Nagar Metro Station,
Opp. Star Bazar, New Link Road, Andheri (West), Mumbai - 400 053.
Tel.: 022-26399740, 022-26399742, 022-26399743, 022-26399774
Email: indianfilmtvproducerscouncil@gmail.com • Website: www.iftpc.com

APPLICATION FORM FOR MEMBERSHIP

(Please complete all the details in BLOCK letters and affix the PP size photograph in the box provided on the right side. Membership column is for office use.)

1. Name of the Applicant - Banner-Firm/Company:

Membership No:

2. PAN NO:	3. GST NO:
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Photograph

4. Full Address-Office:

Tel. _____ E-mail : _____

5. Constitution of the Applicant: Proprietary/ Partnership/ LLP/Pvt. Ltd/ Ltd. Companies

(Strike-off which is not necessary & attach copy of the Deed or MOA as the case may be.)

6. Details of the film Produced (Attach CC) _____

Or details of TV Content (Attach copy of Agreement with Channel/s) _____

7. i. Residential Address of Proprietor/ Partners/Directors _____

(Attach additional sheet if required)

ii. Telephone Nos: _____ off: _____ Mobile: _____

iii Date of Birth: _____ Aadhar No: _____

8. Name & Address of Authorized Representative: _____

_____ Mobile No. _____

9. Introducer's Name & Membership no. _____

Signature of Introducer _____

Declaration

I/We have read the Memorandum & Articles of Association of Indian Film & TV Producers Council (IFTPC) and agree to abide by all the rules and regulations made in respect of admission & post membership by the IFTPC. I/WE also agree to abide by various rules governing Disputes Settlement and general conduct within the Film, TV & Media Industry. I/We are aware that disputes/claims/ differences in commercial dealings within the Film Trade are referred to Dispute Settlement Committees of trade bodies or to the House Committees of IFTPC and I/We agree to abide by the decisions of the same. I/We have attached herewith self attested copies of all the documents detailed herein and vouch for the authenticity of the same. I/We am/are also a member of following trade association and have no claim/s pending against me/us in those associations.

1. _____ 2. _____

Date : _____

Place : _____

Signature of the applicant/s

Disclaimer: Mere acceptance of the application shall not constitute the admission or acceptance of the application. Membership shall be granted only after applicant's name and banner has been duly approved by the governing Council of IFPTC. The Council reserves its right to reject/deny any application for membership without assigning any reason.

DETAILS OF THE PAYMENTS TO BE MADE

1. APPLICATION FORM	Rs.	100
2. ADMISSION FEE	Rs.	20000
3. ANNUAL SUBSCRIPTION	Rs.	20000
4. GST @18%	Rs.	7200
TOTAL (IFPTC)	Rs.	47300
5. MPTPW TRUST	Rs.	11000
GRAND TOTAL	Rs.	58300
ADDITIONAL IDENTITY CARD	Rs.	1100 PLUS GST

- ❖ All cheques/DD should be drawn in favor of IFPTC for Rs. 47,300/-
- ❖ Payments to Trust shall be made in favor of MOTION PICTURES & TV PRODUCERS WELFARE TRUST for Rs. 11,000/-
- ❖ Fees are subject to change and taxes as applicable from time to time.
- ❖ One Identity Card is issued free to Proprietor/Partner/Director as the case may be.
- ❖ Maximum of three additional cards will be issued to Authorized Representative or Partners or Directors on payment of fees as above
- ❖ Payments shall be preferably made by Cheque/Draft/NEFT
- ❖ Copies of all documents submitted shall be self attested. Originals will be returned after verification.

OFFICE USE

Mode of Payment : Cash/ Cheque/NEFT No. _____ Drawn on _____
 Dated _____ Receipt No. _____ Date _____

DOCUMENTS CHECK LIST

Sr. No.	Documents	Copies	Verified by
1.	Passport size photographs	3	
2.	Pan Card	1	
3.	Aadhar Card	1	
4.	Passport (in lieu of Aadhar Card)	1	
5.	Reference Letter if not signed on application	1	
6.	Production Detail evidence	1	
7.	Partnership –LLP Deed/MOA & AA	1	
8.	GST Registration Certificate	1	

REMARKS OF SCRUTINISING COMMITTEE

APPROVED / REJECTED Date :	APPROVED / REJECTED Date :
NAME :	NAME :
SIGNATURE:	SIGNATURE:

Data Entry By: _____ Checked by: _____ Date: _____