



# CENTRE FOR ADVANCEMENT OF PHILANTHROPY

## CORPORATE Affiliate Registration Form

One-time Entrance Fee of Rs. 1, 00,000/-, and Annual Fee of Rs. 50,000/-

<b>Registered Name of Organization</b>	
<b>Any Other Name</b>	
<b>Domain</b>	Corporate
<b>Type Of Organisation</b> <i>(Please choose/highlight any one that is applicable to your organization)</i>	Company Corporate Foundation Grant-Maker (Corporate) Family Foundation CSR/Corporate Social Initiative Industry Body Individual Philanthropist
<b>Area of Work/Cause</b> <i>(Please choose/highlight what is applicable to your organization)</i>	Grant-making foundation CSR projects OTHER (Please State)
<b>Causes Associated</b> <i>(Please choose/highlight all the NGO causes that are applicable to your grant-making or CSR or that you work with)</i>	Advocacy Arts & Culture Animal Welfare Children Disability Disaster Management Education Elderly Environment Livelihood Health/Medical Human Rights Palliative Care Skill development/Vocational Training Rural Development Religion/Spiritual Research Sanitation Sports Water Women's Empowerment Youth OTHER (Please State)
<b>Nature of Work</b> <i>(Please describe the nature of your</i>	

☎ : (022) 2284 6534    @ : connect@capindia.in    🌐 : www.capindia.in

✉ : Mulla House - 4th Floor, 51, M.G. Road, Mumbai - 400001

Registration No. 41521    PAN No. AAATC1732D    CIN No. U73200MH1986NPL041521



# CENTRE FOR ADVANCEMENT OF PHILANTHROPY

*work in 2-3 sentences)*

**Office Telephone Nos**

**Office E-Mail:**

**Website:**

**Postal Address:**

**Registered As**

*(Please choose/highlight any one that is applicable to your organization)*

Trust

Society

Society & Trust (applicable only in Maharashtra/Gujarat)

Section 8 Company

Pvt. Ltd Company

Dual Model (Pvt Ltd +NGO)

Dual Model (Pvt Ltd +Foundation)

Association of Persons

Individual

Registration in Process

Other (Please State)

**Founded In** *(Month & Year)*

**Location of Registered Office**

**Outreach of your work**

**Last Annual CSR/foundation budget**

**Member/ Affiliate Category**

Corporate Affiliate

**PAN No (Only if Donor)**

**Person who has filled form**

**Referred to CAP by**

*(Please choose/highlight any one)*

Website

Workshop

Newsmagazine

Other

**Expectations from CAP**

*(Please choose/highlight what assistance you would like from CAP)*

Legal Advisory

CSR Advisory

Trainings

Other

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# CENTRE FOR ADVANCEMENT OF PHILANTHROPY

We send e-mails with important information, training sessions and a quarterly print newsmagazine with legal and other sector updates. Name 3 key persons in your organisation to receive the following from CAP. Please fill 3 different names so that if anyone is travelling or has left the organisation, the mail is still received by someone else.

	NAME	DESIGNATION	EMAIL	CELL NO
<b>CONTACT 1</b>				
<i>Highlight what the above-mentioned person would like to receive from CAP</i>				
	Important Mails	Training Mails	Newsmagazine	Fee Renewal Reminder

	NAME	DESIGNATION	EMAIL	CELL NO
<b>CONTACT 2</b>				
<i>Highlight what the above mentioned person would like to receive from CAP</i>				
	Important Mails	Training Mails	Newsmagazine	Fee Renewal Reminder

	NAME	DESIGNATION	EMAIL	CELL NO
<b>CONTACT 3</b>				
<i>Highlight what the above mentioned person would like to receive from CAP</i>				
	Important Mails	Training Mails	Newsmagazine	Fee Renewal Reminder

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# CENTRE FOR ADVANCEMENT OF PHILANTHROPY

**For Office Use Only:**

Form Received Date: \_\_\_\_\_

Payment Received Date: \_\_\_\_\_

Entrance Fee (Rs): \_\_\_\_\_

Registration/ Renewal Fee (Rs): \_\_\_\_\_

Payment Type (Cheque/ DD/ Cash/ NEFT): \_\_\_\_\_ Cheque/ DD No.: \_\_\_\_\_

Cheque Date: \_\_\_\_\_

Drawn on Bank: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

CAP Registration No.: CA - \_\_\_\_\_

Name and Signature of Admin / Accounts:  
\_\_\_\_\_

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