



**THE MALAWI CONFEDERATION OF CHAMBERS OF COMMERCE AND
INDUSTRY**

MEMBERSHIP APPLICATION FORM

(In accordance with clause 6 of the constitution of the Registered Trustees of the Malawi Confederation of Chambers of Commerce and Industry)

The Chief Executive,
Malawi Confederation of Chambers of Commerce and Industry,
P O Box 258, **BLANTYRE.**

Dear Sir,

We hereby apply for membership of the Malawi Confederation of Chambers of Commerce and Industry (MCCCI) for the year beginning 1st January 2024 and ending 31st December 2024 and if accepted we agree to abide by its Constitution.

The Constitution is available for inspection at www.mccci.org or on request from mccci@mccci.org

1.0. Particulars of Company /Organization

Company name:

Physical address:

Postal address:

City/Town: Region:

Telephone (s): Fax:

Email: Website:

Year of establishment/incorporation: Reg. No.

TPIN Financial year: From.....To.....

Main Branches:

Annual turnover for the last audited financial year: MK.....

Total capital investment for the last audited financial year: MK.....

If an association, Number of paid up members:

2.0. Particulars of Contact Person(s)

1. Name: Designation
E-mail Address: Cell.....

2. Name: Designation
E-mail Address: Cell.....

3.0. Particulars of Directors/Shareholders/Trustees/Partners/ Proprietors

NAME

GENDER

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

4.0. Particulars of Management Team

DESIGNATION

NAME

Managing Director/General Manager/Chief Executive.....
Head of Finance.....
Head of Marketing
Head of Human Resources

5.0. Form of Business(Please Tick)

- Public limited Private limited
- Partnership Sole proprietor
- Trust Parastatal
- Association Cooperative
- Other (specify).....

6.0. Type of Business Entity (Please Tick)

- | | |
|--|---|
| <input type="checkbox"/> Domestic Enterprise | <input type="checkbox"/> Foreign Enterprise |
| <input type="checkbox"/> Domestic Enterprise Subsidiary | <input type="checkbox"/> Foreign Enterprise Subsidiary |
| <input type="checkbox"/> Domestic Enterprise Agent | <input type="checkbox"/> Foreign Enterprise Agent |
| <input type="checkbox"/> Domestic Enterprise Distributor | <input type="checkbox"/> Foreign Enterprise Distributor |
| <input type="checkbox"/> Franchise | <input type="checkbox"/> Other (specify)..... |

7.0. Economic Sector: (Please Tick all Appropriate Sectors)

- | | |
|--|---|
| <input type="checkbox"/> Agriculture, Forestry & Fishing | <input type="checkbox"/> Mining and Quarrying |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Electricity, Gas and Water |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale and Retail Trade |
| <input type="checkbox"/> Transport and Storage | <input type="checkbox"/> Accommodation and Food Service |
| <input type="checkbox"/> Information and Communication | <input type="checkbox"/> Financial and Insurance Services |
| <input type="checkbox"/> Real Estate Activities | Other <input type="checkbox"/> (specify)..... |

8.0. Product(s) and/ or Service(s):

List Products and /or Services

.....

.....

9.0. Export Product(s).....

Exports value for the last audited financial year: MK.....

Export destinations.....

.....

10.0. Import Product(s).....

Imports value for the last audited financial year: MK.....

Import sources.....

.....

11.0. Employment

Number of permanent employees (including working directors):

Number of Male Employees:..... Number of Female Employees:.....

Number of Skilled Employees: Number of Unskilled Employees:.....

Number of Expatriate Employees:.....Number of Local Employees:.....

12.0. Distribution of Employees by Level of Education:

Primary Education:..... Secondary Education.....

University/College Diploma or CertificateDegree.....

13.0. Other Business/Trade /Professional Associations to which the company is a member

1.....

2.....

3.....

4.....

5.....

14.0. Expectations from MCCCCI Membership

1.....

2.....

3.....

4.....

5.....

15.0. Business Referees (Bankers/Lawyers/Auditors/Sponsors/Sector Association)

1. Name of Referee:.....

Address:.....

Telephone:.....Fax:.....Email:.....

Name of contact person:.....Title:.....

Position:.....

2. Name of Referee:.....

Address:.....

Telephone:.....Fax:.....Email:.....

Name of contact person:.....Title:.....

Position:.....

16.0. Membership Category Selection

(Membership benefits for each category are outlined in the brochure and at www.mccci.org)

Membership Category	Annual Membership Subscription (MK)	Tick
Premium	3,000, 000.00	
Platinum	1,500, 000.00	
Diamond	800, 000.00	
Bronze	200, 000.00	
Star- Cooperatives	150, 000.00	
Application Fee	2,500.00	

NB:

- a) The Council of the Confederation reserves the right to change the membership categories, revise the membership application fee and the Annual Membership Subscription from time to time subject to the provision of the Constitution.
- b) Membership application processing fee of **K2,500.00** is payable on submission of this application form
- c) Voting rights are in accordance with the membership category with a maximum of ten for the Premium Category.

Name on Behalf of Applicant.....**Designation:**

Signature: **Date:**

FOR OFFICIAL USE ONLY

Name of Official **Designation** **Date**

The application for membership is **approved** / is **not approved** (Tick box)

If **Not approved**, state reasons:

.....

Approved by: **Chief Executive:** **Date:**