**ASSOCIATE FORM**

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| --- |
| **I. Organization Details** |
| Name |  |
| Current Address |  |
| Email Id |  |
| Website (if applicable) |  |
| Brief description of Organization’s activities |  |
| Designated Company Contact (usually a senior officer): the company representative who willreceive general information from NAFPO |
| Designation |  |
| Title and Name |  |
| Phone Number |  |
| Email Id |  |
| CEO/President (if different from Designated Company Contact): |
| Designation |  |
| Title and Name |  |
| Phone Number |  |
| Email Id |  |
| **II. Category of Associates (Tick one)** |
| **Primary** | ( ) | **Institutional** | ( ) | **Business** | ( ) |
| **III. Payment Details** |
| Name of organization | **NATIONAL ASSOCIATION FOR FARMER PRODUCER ORGANIZATIONS (NAFPO)** |
| Bank Name | **STATE BANK OF INDIA** |
| Branch | **ASIAN GAMES VILLAGE COMPLEX, SHAHPURJAT, NEW DELHI** |
| Account Number | **37670964004** |
| IFSC Code | **SBIN0007407** |
| **IV. Payment made (If Yes)** |
| Cheque Number |  |
| Bank reference Number |  |

**Kindly also attach a brochure, recent annual report or other information about your organization.**