

1 Company Name & Address

Company Name : _____

Other Company Name (if any) : _____

Company's Chairperson Name (Owners / Director) : _____

Designation : _____ Mobile No.: _____

E-mail : _____

Contact Person related to Space Booking : _____

Designation : _____ Mobile No.: _____

Address : _____

Country : _____

Tel. No.: _____ Fax No.: _____ Pin Code : _____

E-mail : _____ Website : _____

2 Requirements

Product Group : _____

Area Required (in Sq. Mtr.) : Space Type ☐ Bare Space ☐ Shell Scheme ☐ Modified Shell Scheme

Space Request : ☐ Prime Hall ☐ Two sides open ☐ Three sides open

Specific Requirement (if any) : _____

3 Membership

Did your company participate in previous Plastivision?

☐ Plastivision India 2020

Are you an Active AIPMA Member ? Yes / No If Yes, Membership Number :

(To avail membership discount please ensure 3 years membership fees is paid along with your initial payment. Failure to which membership discount will be withdrawn)

PAN No.: GST No.:

TAN No.:

4 Segments

☐ Raw Materials ☐ Machinery ☐ Moulds & Dies

☐ Auxiliary Equipments ☐ Semi Finished / Finished ☐ If others, please specify

Note: By signing this Registration form we accept the above application as binding to the conditions of participation in **PLASTIVISION INDIA 2023** as per fact sheet and manual on our website.

Organized by:



THE ALL INDIA PLASTICS MANUFACTURERS' ASSOCIATION

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Date, Signature, Name & Company Seal