



# MEMBERSHIP APPLICATION FORM

Version 2024-25

## Part -1. COMPANY PROFILE

Name of the Company (As Registered)					
CIN & Date of Registration					
Type of Company		<input checked="" type="checkbox"/> Pvt. Ltd.	<input checked="" type="checkbox"/> Public Ltd	<input checked="" type="checkbox"/> LLP	Others _____
Registered Office Address					
Statutory Tax Registrations	PAN		CIN		
	GSTIN				
Affiliations with other Associations		No	Yes	Please specify the name of the association	
Other Accreditations (if any)					
Min. Consumer Affairs Declaration Form File No. & date of submission					
Any legal prosecutions on Company or Management personnel		No	Yes	Please give detail in a separate note as affidavit.	
Name of the cities / states having offices					
<b>ABOUT MANAGEMENT</b>					
Managing Director or Key person of the company	Name				
	Phone No.				
	E mail				
Other Directors	Please mention their details separately on letterhead as Annexure 4				
Company Representative Coordinating with FDSA	Name				
	Designation				
	Phone No.	Mob	Phone		
	E mail				

**Part-2. ABOUT BUSINESS – PRODUCT / SERVICES DOCUMENTATION**

Nature of Business	DS Company	Vendor	Service Provider	Consultant	
Dealing in Products	Mention category				
Source of Product	<input checked="" type="checkbox"/> Self Manufacturing	<input checked="" type="checkbox"/> Contract manufacturing	<input checked="" type="checkbox"/> Self Import	<input checked="" type="checkbox"/> From importer	<input checked="" type="checkbox"/> From Company dealer
Dealing in Services	Mention category				
Source of Services	State nature of service				
Source of Services	<input checked="" type="checkbox"/> Self-Developed or designed	<input checked="" type="checkbox"/> Engaged as reseller of a company	<input checked="" type="checkbox"/> Any other please specify		
Trademark Registration	Company Logo	Yes / No	Product Brand name(s)	Yes / No	

**Part-3. BUSINESS PLAN DETAILS & COMPENSATION SYSTEM**

Business Plan / Model				
Business Closing Frequency	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Fortnightly	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Other Pl mention
Confirmation to be given on business plan Parameters as per the requirements of Direct Selling Model Guidelines	Compensation on recruitment			Yes / No
	Inventory overload prevention			Yes / No
	Registration/entry fee			Yes / No
	Distributor Agreement			Yes /No
	Cooling off period			Yes / No
	Products Buy-back Policy &time frame If Yes, specify the No. of days			Yes / No —
	ID Cards Issued to the Distributors			Yes / No
	Maintenance of KYC of the Distributors			Yes / No
Grievance redressal process			Yes / No	

**Part-4. SERVICE ARRANGEMENT – OTHER MISCELLANEOUS INFORMATION**

Website Details	Website (s) name	
	Grievance redressal link	
	Feedback Form Link	
Names of Professionals engaged with Company	Auditors	
	Taxation Consultant	
	Company Secretary	
	Software provider	
	Legal Counsel	

**Part-5. Scrutiny Fee and Payment Details**

An amount of Rs, 25,000 to be paid towards Scrutiny Fee for processing of this application by cheque in favor of <b>FEDERATION OF DIRECT SELLING ASSOCIATION.</b>	
<b>PAYMENT REMITTANCE DETAILS</b>	
Cheque No.	
Bank Name	
Date	

❖ this cheque will be deposited of the application is accepted for scrutiny, otherwise it will be returned as it is.

Date: .....

.....

Signature & Seal

Place: .....

Name & Designation

\*\*\* End of Application Form \*\*\*

<b>FOR OFFICE USE, TO BE FILLED BY SCRUTINY COMMITTEE MEMBERS</b>		
Application Status	<input checked="" type="checkbox"/> Approved	<input checked="" type="checkbox"/> Rejected
1.	2.	
3.	4.	
Remarks:		
Membership Number & Date of issue		

## Annexure 1 - DECLARATION

I, ..... in the capacity of ..... of  
..... hereby submit the application form for  
the membership of FDSA with above provided information in the form and annexure, declare that;

1. I will abide by the policies and procedure of FDSA in-force from time to time and the recommendations of the scrutiny committee.
2. I will abide by the Govt. of India issued The Consumer Protection (Direct Selling) Rules 2021., and other Laws/Act of land in-force from time to time.
3. I will voluntarily participate in the activities of FDSA in the best of interest of the Direct Selling industry in India.
4. I agree to that the FDSA reserves the right to approve or reject application for membership with or without showing any valid reasons, further a membership may be cancelled at any point of time with or without showing any valid reasons.
5. I hereby agree to submit the information of any changes happened in this submission
6. I hereby confirm that the information provided in this application is true & facts, submitted with a willful state of conscious.

Date: .....

Place: .....

.....

Signature & Seal

Name& Designation

## **Annexure 2 - Board Resolution**

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY IN THE NAME OF M/s. .... ,

HELD ON Dated .../...../.....at the address .....

..... RESOLVED THAT;

the directors of the company have decided to apply for membership of FDSA – Federation of Direct Selling Association and voluntarily participate in FDSA activities to strengthen the Direct Selling industry.

Further the Board hereby authorized, Mr./ Ms. .... to represent our company to attend the scrutiny process, to sign and submit all the necessary documents, letters, forms, etc. for membership application scrutiny and getting certificate.

Name, Designation and Specimen Signatures of Authorized Signatory:

Name	Designation	Signature & Seal
.....		

This resolution is valid until the same is withdrawn by giving written notice thereof.

### **Company Authorized Signatories**

- |         |             |             |
|---------|-------------|-------------|
| 1. Name | Designation | Sign & Seal |
| 2. Name | Designation | Sign & Seal |
| 3. Name | Designation | Sign & Seal |

.....

**Date:** ..... / ..... / .....

**Place:** .....

### Annexure 3

#### – Statement of Various Taxes paid to Government treasury

Type of Tax	FY 2023-24	FY 2022-23	FY 2021-22	Total
IGST			-	
CGST+SGST			-	
Excise duty				
TDS #1				
Income Tax				
Totals				

#### - STATEMENT OF COMPANY BUSINESS DETAILS

Description	FY 2023-24	FY 2022-23	FY 2021-22	Total
Sales Turnover #2				
Total No. Distributors				

\* Mark NA if not applicable.

#1 – TDS paid on all commissions paid to Direct Sellers.

#2 – Sales turnover includes GST

Signature& Seal  
Name

### Annexure 4 – List of Directors

Managing Director	Name	
	Phone No.	
	E mail	
	DIN	

#### Other Directors

Director (2)	Name	
	Phone No.	
	E mail	
	DIN	
Director (3)	Name	
	Phone No.	
	E mail	
	DIN	

\*May add more rows as required

Sign & Seal of the  
Authorized Signatory

**Tips to file the FDSA membership application form**

- The application should be handwritten in clear & capital words with good readability.
- Please write N.A. which is not applicable

Check	List of enclosures required along with this application
<input type="checkbox"/>	1. Photostat copies of ROC – Registration of company & Memorandum of Association
<input type="checkbox"/>	2. Photostat copies of PAN – Permanent Account Number Registration
<input type="checkbox"/>	3. Photostat copies of GST – Goods & Service Tax Registration
<input type="checkbox"/>	4. One pager brief profile document of each company director on company letterhead.
<input type="checkbox"/>	5. One pager brief document the company vision, Mission, and objectives to achieve in the business of direct selling
<input type="checkbox"/>	6. Photostat copies of latest proof of paid all type of taxes Govt. of India / states
<input type="checkbox"/>	7. Literature / Broacher / Catalogue of Products or services offered by the company along with phot copies of testimonials, certifications, and any other credible information
<input type="checkbox"/>	8. Products / services price list
<input type="checkbox"/>	9. Company marketing / business plan document / Broacher to describe in detail along with illustrations, promotional contents etc.
<input type="checkbox"/>	10. Specimen copy of Distributor agreement / terms & conditions to be agreed
<input type="checkbox"/>	11. Specimen copy of ID card issued to Distributors
<input type="checkbox"/>	12. Specimen copy of Customer / Distributors sign up form
<input type="checkbox"/>	13. Annexure – 1, Declaration form as per the format provided, to be submitted on an Indian non-judicial stamp paper / franking of Rs. 100
<input type="checkbox"/>	14. Annexure – 2, Board resolution as per the format provided, to be submitted on the company letterhead
<input type="checkbox"/>	15. Annexure – 3, a statement as per the format provided, to mention all type of taxes paid to Government in the last 3 financial years on company letterhead
<input type="checkbox"/>	16. Annexure – 4, a table of Company Directors as per ROC in the format provided on company letterhead
<input type="checkbox"/>	17. A Cheque for Rs. 25,000 towards Scrutiny fee.

Please send your duly filled application to be along with above mentioned attachments to the following address by Registered post / courier.

The General Manager,  
Flat No: BW-301, Sai Residency, Khasra No. 185,  
Rithala. Northwest Delhi. Pin Code: 110085.  
Contact: 96500 25303 – Anil Sharma

**For any assistance in application filing please feel free to contact**

>> 98481 23156 – Kishore Varma, General Secretary

Please note: if you have any queries / clarifications required for the submission of this application, may please write to us on email ID – [admin@fdsaindia.org](mailto:admin@fdsaindia.org)

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