



APPLICATION FOR MEMBERSHIP

/Corporate/

1. GENERAL INFORMATION

Company name: _____	Company ID number: _____
Business sector: _____	Registration number: _____
1. _____	Phone number: _____
2. _____	Executive director: _____
3. _____	Accountant: _____
Email address: _____	Office: _____
Website: _____	
Company address: _____	

2. SHAREHOLDER INFORMATION

<i>Nº</i>	<i>Full name</i>	<i>Current occupation</i>	<i>Ownership %</i>	<i>Phone number</i>
1				
2				
3				
4				

Are there any subsidiaries, dependent or affiliated companies: *Yes* ☐ *No* ☐ /If yes, please complete the table below/

<i>Nº</i>	<i>Company name</i>	<i>Registration number</i>	<i>Relationship</i>	<i>Ownership %</i>
1				
2				

3. EXECUTIVE DIRECTOR INFORMATION

Full name: _____	Registration number: _____
Education: _____	Graduated school: _____
Profession: _____	
Current home address: _____	
Work experience:	

<i>Nº</i>	<i>Company name</i>	<i>Employment period</i>	<i>Position</i>	<i>Business sector</i>
1				
2				
3				



4. BUSINESS-RELATED INFORMATION

Annual sales revenue:

☐ Up to MNT 1.5 billion ☐ MNT 1.5 – 6.0 billion ☐ Over MNT 6.0 billion

Number of employees:

☐ Up to 50 employees ☐ 50 - 200 employees ☐ Over 200 employees

Audited by external auditor: Yes ☐ No ☐ Auditor name: _____

5. MEMBERSHIP CATEGORY (Based on sales or number of employees, whichever is larger)

No	Category	Membership fee /Monthly/	Membership period / 2025 /	Membership period / 2026 /	Membership fee /Total/	Payment In advance
1	☐ SME	MNT 90,000				☐ Half-year payment ☐ Annual payment
2	☐ Company	MNT 300,000				
3	☐ Corporate	MNT 450,000				
4	☐ Corporate PLUS S	MNT 1,000,000				

6. REASON FOR JOINING

1	
2	
3	

7. REQUIRED DOCUMENTS

1	Copy of State Registration Certificate
2	Copy of Executive Director's ID
3	Membership Application Form
4	Enrollment fee MNT 200,000

Certified as accurate by:

Position: _____

Name: _____

Signature: _____

Acquisition date of membership rights: 2025/_____/ 01

Membership fee payment date: 1. _____

2. _____