**ADANA SANAYİ ODASI BAŞKANLIĞINA**

**ADANA**

Adana İli...........................İlçesi.............................................................................................. ............................................................................................................... evde oturmaktayım.

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........................numaralı mahalli ticari ikametgah ederek ......./...../……… tarihinden beri

.................................sermaye ile ...........................................................................................

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ile iştigal etmekteyim.

Ticaret ünvanımı ve işletmemi Ticaret Sicilinin ................................... numarasına tescil ettirmiş bulunuyorum. Odanıza kaydımın yapılması için gerekli işlemi müsadelerinize arz ederim.

 Saygılarımla,

Vergi Dairesi :

Vergi No :

**GERÇEK KİŞİLER İÇİN ÜYELİK BAŞVURU FORMU**

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**Aşağıda yazılı bilgilerin gerçeğe uygun olduğunu beyanla 5174 sayılı Türkiye Odalar ve Borsalar Birliği ile Odalar ve Borsalar Kanunu ve ilgili yönetmelik hükümleri dahilinde kaydımızın yapılmasını rica eder, 6698 sayılı “Kişisel Verilerin Korunması Kanunu kapsamında aşağıda detayları verilen kişisel ve özel nitelikli kişisel verilerimin borç bilgilendirme, eğitim veya toplantı gibi işler için işlenmesine muvafakat ettiğimi kabul, beyan ve taahhüt ederim.**

FOTOĞRAF

 **Kaşe ve İmza**

1. **Yetkili Adı Soyadı**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **Yetkili Cep Telefonu**

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1. **Mersis No**

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1. **Ticaret Sicil No:**

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1. **Oda Sicil No:**

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*(Oda tarafından doldurulacaktır.)*

| **6) Ticaret Ünvanı:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **7) Odaya Kayıt Tarihi :**  |  |  |  |  |  |  |  |  |  |  |  |  | *(Oda tarafından doldurulacaktır.)* |  |  |  |  |  |  |  |  |
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**İRTİBAT BİLGİLERİ**

| **8) Tescil** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Adresi:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Posta Kodu(1) İlçe (2)** : **1** |  |  |  |  |  |  **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **NVİ Adres Kodu:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Şehir:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **9) Telefon Numarası: 1** |  |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **10) Faks Numarası:**  |  |  |  | **-** |  |  |  |  |  |  |  |
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| **11) E-Posta:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **11) Kep Adresi:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **12) Web Adresi:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**ÜRETİM BİLGİLERİ**

| **13) Üretime Başlama Tarihi:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **14) Üretim Konusu:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **15) Faaliyet Alan Kodu (NACE Sistemine Uygun Kodlanmalı 01-44 arası başlayan sınai faaliyet olmalıdır ):** |  |  |  |  |  |  |
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| **16) Üretim Yeri Adresi:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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DİĞER BİLGİLER

**19) Gerçek Kişinin**

| **Sermayesi:** **(Rakam İle)** |  |  |  |  |  |  |  |  |  |  |  |  | TL |
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| **20) Bağlı Bulunduğu** **Vergi Dairesi:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Vergi No:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **21) Mali Müşavir ve/veya**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Muhasebecinin Adresi:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **22) Telefon No:** |  |  |  |  **-** |  |  |  |  |  |  |  |
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| **23) Faks No:** |  |  |  |  **-** |  |  |  |  |  |  |  |
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| **24) Başka Bir Odaya Kayıt**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Varsa Oda İsmi:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Lütfen bilgileri e-posta adresi hariç büyük harfle doldurun, harflerin kutu kenarlarına değmemesine dikkat edin ve yalnızca aşağıda belirtilen harfleri kullanın.**

| **A** | **B** | **C** | **Ç** | **D** | **E** | **F** | **G** | **Ğ** | **H** | **I** | **İ** | **J** | **K** | **L** | **M** | **N** | **O** | **Ö** | **P** | **R** | **Q** | **S** | **Ş** | **T** | **U** | **Ü** |
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| **V** | **W** | **Y** | **Z** |  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |  |  |  |  |  |  |  |  |  |  |  |

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| **MAKİNA TEÇHİZAT LİSTESİ** |
| **MAKİNE ADI, CİNSİ VE TEKNİK ÖZELLİKLERİ** | **Adet** | **Yerli** | **Motor Gücü (KW) \* Doldurulması zorunlu** |
| **İthal** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 22 |  |  |  |  |
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| 24 |  |  |  |  |
| 25 |  |  |  |  |
|  | **MAKİNE TESİSAT (KİRALIK İSE)** | **Adet** | **Yerli** | **Motor Gücü (KW)** |
| **İthal** |
| 1 |  |  |  |  |
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| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| **\* Yukarıda adı yazılı tüm makine-teçhizata ait motor güçlerinin doldurulması zorunludur.** |
| **TAAHHÜTNAME** |
| Firmamız mülkiyetinde olup işyerimizde kurulu bulunan ve yukarıda teknik özellikleri belirtilen makine teçhizatların firmamıza ait olduğuna dair **tevsik edici belgeleri (muavin, demirbaş listesi veya faturaları)** istenildiğinde ibraz edeceğimizi, aksinin tespiti halinde her türlü sorumluluğun tarafımıza ait olduğunu kabul, beyan ve taahhüt ederiz. |
| **FİRMA KAŞE / YETKİLİ İMZA FİRMA YMM VEYA SMMM KAŞE -İMZA** |
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# **TAAHHÜTNAME**

Odanıza kayıt olmak için başvurmuş bulunmaktayız.

Başvuru tarihi itibariyle \_\_ personelimiz bulunmakta olup, kayıt tarihinden itibaren en geç bir yıl içerisinde personel sayımızı 5174 sayılı kanunun 5. maddesi gereğince 10 kişiye tamamlayacağımızı, işbu beyanımızın gerçekleşmemesi durumunda ilgili yapılacak her türlü iş ve işlemlere ilişkin olarak hiçbir hak talep etmeyeceğimizi ve itirazda bulunmayacağımızı beyan ve taahhüt ederiz.

Ticaret Sicil Numarası :

Vergi Dairesi Numarası :

 Firma Ünvanı

 (Kaşe-İmza)