# CONFIRMATION FORM

**6th ACMA Compensation and Benefits Benchmarking Survey**

To: Survey Team

We would like to participate in the above mentioned survey. The details are as follows.

|  |  |  |
| --- | --- | --- |
| 1 | Name of the Coordinator |  |
| 2 | Designation |  |
| 3 | Company Name |  |
| 4 | Turnover \* (In Crores) **Mandatory** |  |
| 5 | Address |  |
| 6 | Contact Number |  |
| 7 | Mobile No. |  |
| 8 | Email Id |  |
| 9 | GST Details with Address |  |
| 10 | Name of CEO / MD, Mobile and Email | Name:Designation:Mobile:Email: |
| 11 | Name of Corporate HR Head, Mobile and Email | Name:Designation:Mobile:Email: |
| 12 | By submitting this confirmation form we agree that a copy of the report will be shared with the company by Deloitte. |

****\* Please note that the confirmation form will not be accepted in the absence of Turnover.

Please feel free to contact the following persons, in case of any clarifications required:

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**Automotive Components Manufacturers Association of India (ACMA)**

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