



TO SERVE THE NATION WITH DISCIPLINE IN TRADE

Mirpur Chamber of Commerce & Industry

Application for Membership

Date: _____

The President,

I/We request you to register my/our Firm Company as Corporate Member/Associate Member of your Chamber against payment of prescribed fees. I/We accept the objects of the Chamber & fully agree to abide by the rules & procedures of business as laid down in the Memorandum & Articles of Association of the Chamber and not involved in any criminal act. My/Our membership will be subject to the approval by the Executive Committee of the Chamber as per rules. I/We undertake to abide by all decisions of the Executive Committee.

Name of Firm/Company: _____

Address: _____

National Tax No. _____
(Please attach photocopy of Certificate)

GST No. (if applicable): _____
(Please attach photocopy of Certificate)

Telephone No. _____

Fax _____

Email/URL www: _____

Date of Establishment _____

Nature of Business: Manufacture
(Please Tick One) Dealer

Importer/Exporter
 Services

Distributor
Others: _____
(Please Specify)

Main Business Line: _____

Professional License No. _____
(If applicable please attach photocopy)

Banker's Name & Address _____

If member of any other recognized Trade Organization: _____
(Please attach photocopy)

Business Status: Sole Proprietorship Registered Firm
(Please Tick One) Private Limited Company

AOP
 Limited Company

FOR OFFICE USE ONLY

Receipt Number _____ Dated _____ For Rs _____

Membership No. _____ Certificate No. _____ Card No. _____

Membership Approved vide resolution No. _____ Dated _____

Area _____

(Membership Department)

Secretary General

Particular of Accredited Representative

1. Name of Accredited Representative: _____
2. Designation _____ 3. CNIC No. _____
4. Residential Address _____

Tel. (Off): _____ Tel. (Res): _____ Cell #: _____

DECLARATION:

I/We do solemnly declare & affirm that particulars provided are true and correct. I/We hold myself/ourselves responsible for legal/judicial consequences arising from the false statement.

Yours Faithfully.

Company Seal

Signature of Applicant

Proposed by
M/s _____

Membership no. _____ Signature: _____

Seconded by
M/s _____

Membership no. _____ Signature: _____

Guidelines/Instructions for Members

- In the case of an individual/proprietor concern, member cannot nominate a representative on his behalf.
- In case of Partnership/AOP any of the partners may be nominated to represent.
- In case of Private Limited & Limited concerns, Chief Executive, Managing Director, or any responsible officer of the company may be nominated with the approval of the Board of Directors.

Documents Required:

1. Copy of C.N.I.C of the applicant along with NTN Certificate/Copy of Last Income Tax Return and Sales Tax Registration Certificate (If applicable).
2. Three Passport size photographs of the Representative along with copy of National Identity Card of all the partners of the firms.
3. The prospective member to provide no criminal conviction certificate.
4. In case of Partnership Firm or AOP a copy of legalized Partnership Deed and Certificate issued by registrar of Firms.

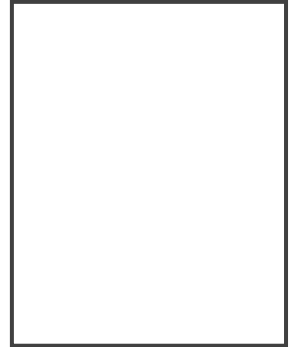
For Corporate Members Only:

5. In case of Private Limited or Limited Company printed copy of Memorandum and Articles Association, copy of Certificate of incorporation, and copy of Form 29. Copy of CNIC of all the directors and NTN Certificate of Company along with Three Passport Size Photographs of the representative of the Company.
6. Copy of General Sales Tax registration certificate as a manufacturing concern or Sales Tax registered business concern having annual turnover of Rs. 50 million or above.

Note: - Incomplete Application Form is liable to be rejected.

MIRPUR AJK
CHAMBER OF COMMERCE & INDUSTRY

SPECIMEN SIGNATURES CARD



Name of Company: _____

Name of Accredited Representative: _____

Designation: _____

Signature 1. _____

2. _____

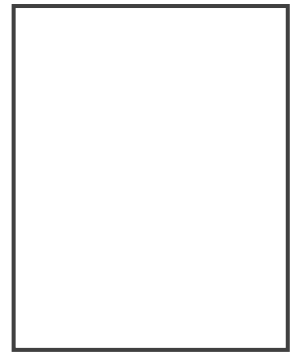
3. _____



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Mirpur Chamber of Commerce & Industry

Membership Card Proforma



1. Representative's Name _____
2. Representative's Designation _____
3. Company/Firm Name _____
4. Address _____

5. Telephone number _____
Mobile No. _____
6. Blood Group _____
7. CNIC #
(Without Dashes)

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8. N.T.#
(Without Dashes)

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9. G.S.T#
(Without Dashes)

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10. Signature of Applicant: _____

FOR OFFICE USE ONLY

1. Card No. _____
2. Membership No. _____
3. Date of Issue _____
4. Date of Expiry _____

Rs. _____ Received vide receipt No. _____ Date: _____

The above particulars are verified.

Membership Dept.

Signature of Issuing Authority

Secretary General

Approved by the President/Sr. Vice President/Vice President.

Signature: _____