



# Membership Form for Charsadda Chamber of Commerce & Industry

Ghani Khan Road, Amin Jan Market, Charsadda, Khyber Pakhtunkhwa, Pakistan.

Ph: 091-9216444, 0333-8000777

Email: ccc.i@yahoo.com

S.No \_\_\_\_\_

## PARTICULARS OF APPLICANTS

1X1

Two Photos

1. Company/Firm Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Class of Membership desired:  Corporate Group  Associate Group  
 Town Association

4.  Manufacturer  Exporter  Importer  Services  Traders  Any other Business

Please specify: \_\_\_\_\_

5. Name of CEO/ MD: \_\_\_\_\_

6. NTN #: \_\_\_\_\_ 7. G.S.T # (if) \_\_\_\_\_

8. Registration with SECP: \_\_\_\_\_

9. Telephone No. Office: \_\_\_\_\_ 10. Mobile No: \_\_\_\_\_

11. Email: \_\_\_\_\_ 12. Web site: \_\_\_\_\_

13. Person who will represent the Firm/Company in the Chamber.

a. Name: \_\_\_\_\_ b. Designation: \_\_\_\_\_

c. Signature of the Applicant: \_\_\_\_\_

13. Partner/Directors: (If Any)

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

v. \_\_\_\_\_

vi. \_\_\_\_\_



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### MEMBERSHIP APPLICATION FORM

To,

The Secretary General,  
Charsadda Chamber of  
Commerce & Industry, Charsadda, K-P, Pakistan

Sir,

Being desirous becoming the member of the Charsadda Chamber of Commerce & Industry. I/We agree to abide its Memorandum & Articles of Association. Particulars of my/our business are given over leaf. Necessary documents required are enclosed.

I/We solemnly declare that the particular given above are true to the best of my knowledge and belief.

Stamp of the Applying Firm / Company \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Proposed by M/S: \_\_\_\_\_

Membership Code#: \_\_\_\_\_ Signature with Stamp: \_\_\_\_\_

Address: \_\_\_\_\_

Seconded by M/S: \_\_\_\_\_

Membership Code#: \_\_\_\_\_ Signature with Stamp: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

### Required Documentation

<u>Sole Proprietorship</u>	<u>Partnership Firm</u>	<u>Private limited / limited Companies</u>
<ul style="list-style-type: none"><li>○ A copy of NTN Certificate</li><li>○ A copy of CNIC of Proprietor</li><li>○ Two Photograph of Proprietor</li><li>○ Latest income tax return where applicable</li><li>○ A copy of sales tax certificate where applicable</li><li>○ Original bank certificate in the name of business</li><li>○ Lease deed/allotment letter of the building / office or any other evidence as a proof of business on the indicated address.</li></ul>	<ul style="list-style-type: none"><li>○ A copy of NTN Certificate, in the name of firm.</li><li>○ NTN Certificate of all partners of applying firm</li><li>○ Two Photograph of representative (any partners)</li><li>○ Copies of CNIC's of all partners</li><li>○ Latest income tax return where applicable</li><li>○ A copy of sales tax certificate where applicable</li><li>○ A copy of partnership deed</li><li>○ Original Bank Certificate in the name of business</li><li>○ A copy of Form H</li><li>○ Lease deed/allotment letter of the building / office or any other evidence as a proof of business on the indicated address.</li></ul>	<ul style="list-style-type: none"><li>○ A copy of NTN Certificate, in the name of company</li><li>○ Two Photograph of representative (any director)</li><li>○ Copies of CNIC's of all Directors</li><li>○ Latest income tax return where applicable</li><li>○ Copy of memorandum and articles of association attested by SECP</li><li>○ A copy of Certificate of Incorporation attested by SECP</li><li>○ A copy of form 29 attested by SECP where applicable.</li></ul>



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### For Office Use Only:

Form Correctly Filled  Checked by DS Membership  Date: \_\_\_\_\_

Recommended by:

Chairman Membership Scrutiny Standing Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

President CCCI: \_\_\_\_\_ Date: \_\_\_\_\_

Received a sum of Rs. \_\_\_\_\_ By Cash / Cheque No. \_\_\_\_\_ Vide Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_ On account of admission fee and annual subscription fee for the year \_\_\_\_\_

Membership Code# \_\_\_\_\_

Signature

Signature

**President**

SEAL

Chairperson Membership Standing Committee

Date: \_\_\_\_\_