



# MEMBERSHIP APPLICATION FORM

## SWABI CHAMBER OF COMMERCE AND INDUSTRY SWABI

The Secretary General  
Swabi Chamber of Commerce  
and Industry Swabi  
Dear Sir,

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

I/We solemnly declare that the particulars given below are true to the best of my / our knowledge & belief

Yours Faithfully

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

<b><u>Sole Proprietorship</u></b>	<b><u>Partnership Firm</u></b>	<b><u>Private limited/ limited Companies</u></b>
<input type="checkbox"/> A copy of NTN Certificate <input type="checkbox"/> A copy of CNIC of Proprietor <input type="checkbox"/> Two Photograph of proprietor <input type="checkbox"/> Latest income tax return where applicable <input type="checkbox"/> A copy of sales tax certificate where applicable <input type="checkbox"/> Original bank certificate in the name of business <input type="checkbox"/> Lease deed/allotment letter of the building/ office or any other evidence as a proof of business on the indicated address.	<input type="checkbox"/> A copy of NTN Certificate in the name of firm <input type="checkbox"/> NTN Certificates of all partners of applying firm <input type="checkbox"/> Two Photograph of representative (any partner) <input type="checkbox"/> Copies of CNICs of all Partners <input type="checkbox"/> Latest income tax return where applicable <input type="checkbox"/> A copy of Sales tax Certificate where applicable. A copy of Partnership Deed <input type="checkbox"/> Original bank certificate in the name of business. A copy of Form H, where applicable <input type="checkbox"/> Lease deed/allotment letter of the building/ office or any other evidence as a proof of business on the indicated address.	<input type="checkbox"/> A copy of NTN Certificate in the name of Company <input type="checkbox"/> Two Photograph of representative (any Director) <input type="checkbox"/> Copies of CNICs of all Directors <input type="checkbox"/> Latest income tax return where applicable <input type="checkbox"/> A copy of sales tax certificate where applicable <input type="checkbox"/> Copy of Memorandum and articles of association attested by SECP <input type="checkbox"/> A copy of Certificate of Incorporation attested by SECP <input type="checkbox"/> A copy of form 29 attested by SECP where applicable.

### For Office Use Only:

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

Recommended by:

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

Approved by:

President Swabi Chamber: \_\_\_\_\_ Date: \_\_\_\_\_

Received a sum of Rs. \_\_\_\_\_ by Pay Order/Cheque # \_\_\_\_\_ Vide Receipt No. \_\_\_\_\_

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

Membership Code #: \_\_\_\_\_ Members of the Membership Committee Approved in its meeting held on \_\_\_\_\_