



Chainstores Association of Pakistan

Registered with Director General Trade Organization, Ministry of Commerce Govt, of Pakistan .

MEMBERSHIP FORM

CORPORATE ☐

ASSOCIATES ☐

Personal Information: _____

Name: _____ **S/O:** _____

CNIC #: _____ **Date of Birth:** _____

Photo

Business/Company Information _____

Company / Firm Name: _____

National Tax Number: _____

Cell Phone _____ **Tel. No:** _____ **Fax:** _____

Web: _____ **Email:** _____

Address: _____

Designation:

Type of Business:

☐ Retail ☐ Import ☐ Export ☐ Production ☐ Other

Status of Business:

☐ AOP ☐ Private Limited ☐ Proprietorship

PRODUCT CATEGORY:

☐ Textile ☐ Shoes ☐ Cosmetics ☐ Jewellery ☐ House Hold ☐ Electronics ☐ Food ☐ Pharmacy _____

☐ Super Market ☐ Others

National Tax Number	
Sales Tax Registration Number	
Date of Incorporation	
Date of Commencement of Commercial Production	
Number of Employees	
Certification <i>(If any)</i>	
Business Concern <i>(Proprietorship / Firm / Company)</i>	
Status of Company <i>(Public or Private)</i>	
Class of Membership <i>(Associate OR Corporate)</i>	

We enclose herewith Crossed Cheque / Pay Order / Demand Draft No. _____ dated _____ drawn on _____ in favor of **CHAINSTORE ASSOCIATION OF PAKISTAN**, as per detail given below:

I) Registration Fee <i>(One Time)</i>	Rs. 25,000
ii) Annual Fee	Rs. 75,000
Total Fee	_____

IMPORTANT NOTE:

- I) Application must be signed by a Director in the case of Company and a Partner in the case of Partnership firm.
- ii) Application shall be submitted (in duplicate) at concerned CAP Regional Office located in Lahore & Karachi.

FOLLOWING DOCUMENTS SHOULD BE ATTACHED:

- a) Sales Tax / National Tax Registration Certificate.
- b) Proof of filing of Annual Income Tax Return (if applicable)
- c) Copies of CNIC(s) authorized representatives.
- d) 2 Photographs
- e) Partnership Deed / Registration of Firm



Nomination of Authorize Person:

Name: _____ S/O: _____ Occupation: _____

Address: _____

Tel No. _____ Email: _____

Signature: _____

Proposer and Seconded:

The following existing members of CAP (registered with CAP) has proposed and seconded our application for membership, as under:

Description	Proposed by	Seconded by
Signatures of Authorized Representatives		
Name of Brand/ Company		
Stamp/Seal		

Declaration:

I have read the details and I want to be an active member of this organization. I accept and undertake that I will obey the Law and Regulations of the Association and that I affirm that I will pay the dues and funds to be determined in due time. I declare my acceptance. I declare that this information belongs to me and is true to the best of my knowledge /..... /20.....

Signature: _____

FOR OFFICIAL USE

Our Management tem as on /..... /20..... hereby submit their decision for

☐ Accepted

☐ Note Accepted

