



## Chainstores Association 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  Other \_\_\_\_\_

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

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

I) Registration Fee <i>(One Time)</i>	<b>Rs. 40,000</b>
ii) Annual Fee	<b>Rs. 30,000</b>
<b>Total Fee</b>	_____

**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 Seconder:**

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

