THE SAHIWAL CHAMBER OF COMMERCE & INDUSTRY

68/2 Main Fateh Sher Road, Sahiwal
Tel: +92-40-9200415-6 Fax: +92-40-9330044
E-mail: scciswl@hotmail.com **Website:** www.slcci.com.pk

FORM OF APPLICATION FOR MEMBERSHIP

The Secretary General,
Sahiwal Chamber of Commerce & Industry, Sahiwal
Dear Sir

Membership Class: ☐

I/We request you to register my/our Firm/Company as Corporate Member/Associate Member of your Chamber against payment of prescribed fee. 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. Further I/We undertake to say that we are not involved in any criminal act/case. We understand that my/our membership will be subject to the approval of the Committee.

Name of Firm: _____

Name of Authorized Representative _____

Designation ☐ Sole Proprietor ☐ Chief Executive ☐ Director ☐ Partner ☐ Others (please specify)

Nature of Business _____

Principal Activity ☐ Manufacturer ☐ Importer/Exporter ☐ Distributor ☐ Trader ☐ Services ☐ Others

National Tax No. _____ GST No. (If applicable) _____

CNIC No. _____ Telephone No. _____

Mobile No. _____ WhatsApp No. _____

E-mail address _____ Website _____

Business Address _____

Postal Address: _____

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

Yours faithfully,

Date: _____ **Signature of Applicant** _____

Proposed by		**Seconded by**	
Company Name		Company Name	
Name of Member		Name of Member	
Membership No.		Membership No.	
Signature		Signature	

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Recepit No.		**Amount**	
Date		**Membership No.**	

Recommendations of Standing Committee	**Accepted/Rejected**
Chairman Member Member	**President**

Documents to be attached with Application Form

Associate Class	**Corporate Class**	**Associate of Persons/ Registered Firms**
Membership Form	Membership Form	Membership Form
National Identity Card of the Proprietor	4- Passport Size Photographs of Director	National Identity Card of the Partners
4- Passport Size Photographs	National Identity Card of the Director	4- Passport Size Photo Graphs
N.T.N. Certificate from Income Tax Deptt.	Certificate of Incorporation by SECP	N.T.N. Certificate from Income Tax Deptt.
Last Income Tax Return	Memorandum and Articles of Association	Partnership Deed
Last month Sales Tax Return, if any	Form A by SECP	Form "C" From Registrar of Firm
Bank Account Maintenance Letter (specimen attached)	Form 29 by SECP	Last Income Tax Return
----	Last Income Tax Return	Last month Sales Tax Return, if any
----	Last month Sales Tax Return, if any	Authorized Representative on Company's Letterhead
----	Board Resolution for authorized representative on Company's Letterhead	Bank Account Maintenance Letter (specimen attached)
----	Bank Account Maintenance Letter (specimen attached)	----

General Instructions for Applicants

1) In case of an individual/proprietor concern, member cannot nominate a representative on his behalf

2) In case of Partnership, any of the partners may be nominated to represent

3) In case of Private or Public Limited concerns, Chief Executive, Managing Director or General Manager of the Company may be nominated with the approval of Board of Directors

4) In case of Corporate Class, Business concern should either be a Manufacturer or otherwise have Annual Business Turnover of Rs.50 Million and above

Note: a) The Financial Year of the Chamber reckons from 1st April to 31st March each year.

b) Rates of Registration Fee and Annual Subscription would be as follows:-

Corporate Class	**Associate Class**
Rs.15,000/-	**Rs.10,000/-**