

# Sahiwal Women Chamber of Commerce & Industry (SWCCI)

خواتین ایوان صنعت و تجارت ساہیوال ڈویژن پنجاب، پاکستان



## Empowering Women in Trade & Industry

### APPLICATION FORM FOR MEMBERSHIP

(Please read the attached instructions for correct filling the Application Form for Membership)

For Official Use Only			
Membership Class		Received Total Rs.	
Membership Year		Cash/PO/DD/ Cheque no.	
Membership Valid up to		Issued Membership No.	
		Dated	

Photograph of  
CEO / Director /  
Partner / Proprietor

The Secretary General  
Sahiwal Women Chamber of Commerce and Industry (SWCCI), SAHIWAL.

Dear Sir,

We/I am desirous to becoming member of Sahiwal Women Chamber of Commerce and Industry (SWCCI). I have read and undertake to abide by the Memorandum and Articles of Association of this Women Chamber (SWCCI). If at any stage I will not abide of SWCCI, so in that case the Women Chamber will have the right to cancel my membership. I will Pay Admission Fee along with Annual Subscription Fee subject to approval of my application by scrutiny and the Executive Committee of the Sahiwal Women Chamber of Commerce and Industry (SWCCI).

Yours faithfully,

Signature of Authorized Representative

Name of Authorized Representative  
(Stamp/Seal Company/firm)

Name of Business Firm/Company

#### PARTICULARS OF MEMBER

1- PROPRIETOR SHIP \_\_\_\_\_ 2- PARTNERSHIP / AOP \_\_\_\_\_ 3- PVT (Ltd) Co, \_\_\_\_\_

Name of Business	
Business Address	
Business NTN	
Business Telephone No.	
Business E-mail ID	
Particulars of Business	
Starting date of Business	

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Name of Authorized Representative	
Designation	
CNIC No.	
Mobile No.	
Official Address of Company	

#### **PARTICULAR OF PARTNERS / DIRECTORS**

	NAME	CNIC	CELL No.
1			
2			
3			
4			
5			

#### **APPLICATION BE PROPOSED AND SECONDED BY VALID MEMBERS OF SAHIWAL WOMEN CHAMBER OF COMMERCE AND INDUSTRY(SWCCI).**

Proposed by (Name)	Business Name	Membership No.	Signatures
Proposed Seconded by (Name)	Business Name	Membership No.	Signatures

I declare that the particulars given in this Application Form are true to the best of my knowledge and belief and that I have no criminal record/conviction and that nothing has been concealed.

\_\_\_\_\_  
Signatures of Authorized Representative

\_\_\_\_\_  
Stamp/Seal of Firm/Company

## INSTRUCTIONS AND REQUIREMENTS OF MEMBERSHIP

### MEMBERSHIP FEE

CLASS OF MEMBERSHIP	ADMISSION FEE	Membership Fee	ANNUAL SUBSCRIPTION FEE
1- Corporate Class	Rs. 1000/-	Rs. 5000/-	Rs. 5000/-
2- Associate Class	Rs.1000/-	Rs. 2000/-	Rs. 2000/-

- Membership shall be granted for a period of one year (From 01st April to 31st March each Year) and shall expire on 31st of March each year irrespective of the date of grant of membership.
- Sahiwal Women Chamber of Commerce and Industry (SWCCI) will consider those applications for Membership whose Head Office or Registered Office or Branch Office is located within the jurisdiction of Sahiwal Division.
- Business Address of Firm/Company must be matched with the address mentioned in NTN Certificate.

### COPORATE CLASS:

A member of a trade organization which is either a body corporate or a multinational corporation with its head office or branch office in Pakistan or a sales tax registered manufacturing concern or a sales tax-registered business concern having annual turn-over of not less than Rs.50 million shall be called “Corporate Member”.

### ASSOCIATE MEMBER:

A member of a trade organization which is not a body corporate or a multinational or a sales-tax-registered manufacturing concern or a sales –tax- registered business concern having annual turn-over of not less than Rs.50 million shall be called “Associate Member”.

An application for grant of membership must be accompanied with documents as mentioned below:-

### ROPRIETORESHIP:

	DOCUMENTS REQUIRED	CHECK LIST
1	A Copy of CNIC /Passport of Proprietor.	
2	A Copy of National Tax Number (NTN) certificate on the name of Business.	
3	Latest Income Tax Return where applicable and Sales Tax Return, if registered applicable.	
4	A copy of Sales Tax Registration Certificate and Sales Tax Return, if registered/applicable.	
5	Proof of business address (copy of lease deed/ allotment letter of the building/office).	
6	Original Brand Certificate on the name of business.	
7	Three photographs of the proprietor.	

### PARTNERSHIP/ AOP:

	DOCUMENTS REQUIRED	CHECK LIST
1	Copies of CNIC’s of Partners.	
2	A copy of National Tax Number (NTN) certificate on the name of the firm.	
3	Latest Income Tax Return where applicable on the name of the firm.	
4	A copy of Sales Tax Registration Certificate and Sales Tax Return (if registered/applicable).	
5	Proof of Business address (copy of lease deed/allotment letter of the building/office.)	
6	Original Bank Certificate on the name on the name of business.	
7	An attested copy of Partnership Deed duly registered with Registrar of Firms Multan.	
8	An attested copy of Form “C” issued by Registrar of Firm.	
9	A written Resolution on Letterhead by all Partners for nominating one all Parties for nominating one of the partners as authorized representative in Women Chamber of Commerce and Industry by the signature of authorized representative.	
10	Three photographs of authorized representative.	