



**WOMEN CHAMBER OF COMMERCE AND INDUSTRY MULTAN DIVISION**  
**Room No. 26- 1<sup>st</sup> Floor Trust Plaza L.M.Q Road Multan**

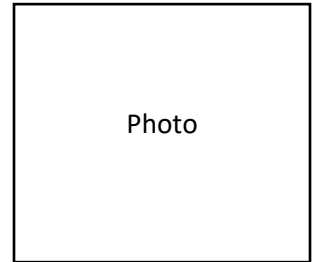
Tel 92-61-4512044 , 4542044, E-mail: [spwccimultan@gmail.com](mailto:spwccimultan@gmail.com) , [info@wccimultan.org](mailto:info@wccimultan.org) , [www.wccimultan.org](http://www.wccimultan.org)

**APPLICATION FORM FOR MEMBERSHIP**

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

For Official Use Only

<b>Membership No.</b>		<b>PO/DD/Cheque No.</b>	<b>(Signature )</b>
Class of Membership			
Membership Year			
Total Fee Received Rs.			
Receipt No.			
Date			



The Secretary General  
Women Chamber of Commerce and Industry  
Multan Division  
Trust Plaza Multan.

Dear Sir,

I am desirous to becoming member of Women Chamber of Commerce and Industry Multan Division. I have read and understand memorandum and Articles of Association and By Laws of this Women Chamber and agree to abide by the same. If at any stage I will not abide By Laws of Women Chamber of Commerce and Industry Multan Division 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 the Executive Committee of the Multan Women Chamber of Commerce and Industry Multan Division.

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, \_\_\_\_\_  
 4- MANUFACTURING \_\_\_\_\_

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

Particulars of Business	
-------------------------	--

Starting date of Business					-								
---------------------------	--	--	--	--	---	--	--	--	--	--	--	--	--

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

**PARTICULAR OF PARTNERS / DIRECTORS**

1	NAME	CNIC	CELL No.
2			
3			
4			
5			

APPLICATION MUST BE PROPOSED AND SECONDED BY VALID MEMBERS OF WOMEN CHAMBER OF COMMERCE AND INDUSTRY MULTAN DIVISION.

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. 2000/-	Rs. 5000/-
2- Associate Class	Rs.1000/-	Rs. 2000/-	Rs. 2000/-

- Membership shall be granted for a period of one year ( From 01<sup>st</sup> April to 31<sup>st</sup> March each Year ) and shall expire on 31<sup>st</sup> of March each year irrespective of the date of grant of membership.
- Women Chamber of Commerce and Industry Multan Division will consider those applications for Membership whose Head Office or Registered Office or Branch Office is located within the jurisdiction of Multan 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 :-**

- 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:**

- 1- Copies of CNICs/Passports 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.