KHYBER CHAMBER OF COMMERCE & INDUSTRY

Office No.10 Qoumi Market, Torkham, Khyber Agency
Ph: 0924-240070, 091-9225451-2 Fax: 091-9225452
E-mail: khyberchamber.sec@gmail.com
Website: www.khybercci.com.pk

Photograph
(1.5 x 2)

PARTICULARS OF APPLICANT

Serial No._____

1. Name of the Firm/Company_____

2. Full Address_____

_____

3. Class of Membership Desired. ☐ Corporate Group ☐ Associate Group ☐ Town Association

4. ☐ Manufacturer ☐ Exporter ☐ Importer ☐ Services ☐ Traders ☐ Any Other

Please Specify:_____

5. NTN #_____

6 G.S.T # (if)_____

7. Registration with SECP_____

8. Tel (Office):_____ Tel (Res): _____

9. Cell #_____

10 Fax No._____ Email (if):_____

11. Website (if)_____

12. Person who will represent the Firm/Company in the Chamber:

Name:_____ Designation_____

Signature of the Applicant:_____

13. Name of the Partners/Directors

i. _____ ii. _____

iii. _____ iv. _____

v. _____ vi. _____

vii. _____ viii. _____

xi. _____ x. _____

MEMBERSHIP / REGISTRATION FORM

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The Secretary General
Khyber Chamber of
Commerce & Industry

Dear Sir,

Being desirous becoming the member of the Khyber Chamber of Commerce & Industry. I/ We agree to abide its Memorandum & Articles of Association. Particulars of my/our business are given over leaf. Necessary documents are required are enclosed.
I/We solemnly declare that the particulars given below are true to the best of my/our knowledge & behalf.

Yours Faithfully

Stamp of the Applying Firm/ Company_____ Signature of Applicant_____

Proposed by M/S_____

Membership Code #_____ Signature with Stamp_____

Address_____

Seconded by M/S_____

Membership Code #_____ Signature with Stamp_____

Address_____

Date:_____

Required Decumentation

Sole Proprietorship	Partnership Firm	Private limited/limited Companies
☐ A copy of NTN Certificate	☐ A copy of NTN Certificare in the name of firm	☐ A copy of NTN Certificare in the name of company
☐ A copy of CNIC of proprietor	☐ NTN Certificate of all partners of applying firm	☐ Two Photographs of representative (any partner)
☐ Two Photograph of proprieto	☐ Two Photographs of representative (any partner)	☐ Copies of CNICs of all Directors
☐ Latest income tax return where applicable ☐	☐ Copies of CNICs of all Partners	☐ Latest income tax return where applicable
☐ A copy of sales tax participate where applicable	☐ Latest income tax return where applicable	☐ A copy of Sales tax Certificate where applicable
☐ Original bank certificate in the name of business	☐ A copy of Sales tax Certificate where applicable ☐ A copy of Partnership Deed	☐ Copy of Memorandum and articles of association attested by SECP
☐ Lease deed/allotment letter of the building office or any other evidence as a proof of business of the allotted address	☐ Original bank certificate on the name of business ☐ A copy of Fee, where applicable	☐ A copy of Certificate of incorporation attested by SECP
	☐ Lease deed/allotment letter of the building office or any other evidence as a proof of business on the allotted address	☐ A copy of form 29 attested by SECP where applicable

For Office Use Only:

☐ **Form Correctly Filled** ☐ **Checked by DS Membership** **Date:**_____

Recommended by:
Chairman Membership Scrutiny Standing Committee:_____ **Date:**_____

Approved by:
President KCCI: _____ **Date:**_____

Received a sum of Rs._____ **by Cash/Cheque No.** _____ **Vide Receipt No**_____

Date: **On account of admission fee and annual subscription fee for the year**_____

Membership Code # **Members of the Executive Approved in**

Its meeting held on_____