

APPLICATION FOR MEMBERSHIP



Corporate /Associate

FOR OFFICE USE ONLY

Receipt #

Dated:

Membership #

Approved on

ALL PAKISTAN PAPER MERCHANTS ASSOCIATION

Affiliated with the Federation of Pakistan Chambers of Commerce & Industry

Head Office : Al-Rasheed Centre, 3rd Floor Faiz Muhammad Fateh Ali Road, Karachi-74200.

Zonal Office: 219-220, Zulqarnain Chamber, Shara-e-Millat, Lahore-45000

Phone: +92-21-32621041, Fax: +92-21-2210385, Ph:+92-42-37248180, Fax: +92-42-37213363

Website: appma.com.pk, E-Mail: paperassociation@hotmail.com, info@appma.com.pk

Honorary General Secretary,
All Pakistan Paper Merchants Association,
Southern Zone,
Karachi.

**Passport Size
PHOTO**

Dear Sir,

I / We hereby agree, if elected, to become a member of All Pakistan Paper Merchants Association, and undertake to confirm to and be bound by Memorandum & Articles of Association and the bye-laws of the Association, in force from time to time.

- 1) Name of Firm/Company for Whom membership is desired _____
- 2) When Established _____
- 3) Head Office _____
- 4) Business Address/Branch (If Any) _____
- 5) Telephone # _____ Fax # _____ Mobile # _____
Tel (Res.): _____ E-Mail: _____
- 6) Name of Proprietor/Partners/
Directors & Their CNIC Number
(Use separate sheet, if required)
 - i. _____ CNIC # _____
 - ii. _____ CNIC# _____
 - iii. _____ CNIC# _____
 - iv. _____ CNIC # _____
- 7) Nature of Business
Line handled. Please Mark ()
Importer () Distributor () Stockiest () Supplier ()
Broker () Indentor () Retailer () Wholesaler ()
- 8) National Tax Number Other _____
- 9) Sales Tax Registration Number _____
- 10) Name of Bankers with address _____

11) I / We hereby, if elected as a Member, appoint as my /our authorized representative Mr./Miss/ Mrs.

_____ Designation / Relation _____

Signature of Application with status in the concern _____ Date _____

On behalf of _____

Signature with Firm / Company Stamp

We the undersigned being Members of All Pakistan Paper Merchants Association do respectively propose and second the above named as an applicant for membership of the Association.

Note: - Both Proposer & Seconder firm should be the members of APPMA.

(1) **PROPOSER'S** (2) **SECONDER'S**
SIGNATURE: _____ **SIGNATURE:** _____

a) Messer. _____ (a) Messer. _____

b) Membership # _____ (b) Membership # _____

N.B:- Under Article No.7, of the Article of Association the application must accompany the following amount:-

- 1) **Rs. 2150/ = for Associate Members** including first annual subscription fee of Rs.1000/= and the amount **Rs. 3650/= for Corporate Members** including annual subscription fee of Rs.2500/= on account of admission fee of **Rs.1000/=** & optional fee for **Membership Card Rs.150/=**.
- 2) April to 31st March is the financial / official of the Association.
- 3) Payment will be made through Cross Cheque / Pay Order in the name of concern Zone of All Pakistan Paper Merchants Association / Cash.
- 4) Passport size photographs of the proprietor & authorized representative.
- 5) In ease of Partnership / Company, resolution (in original) for authorized representative signed by all Partners/ Directors /Secretary.

Photocopies of following documents arc attached:

1. CNIC of Proprietor (or/all Partners / all Directors of Company).
2. N.T.N Certificate.

If applicable: -

- i. Sales Tax Registration Certificate.
- ii. Partnership deed. (In case of Partnership firm)
- iii. Memorandum & Article of the Association (in case of" Private / Public Lid, Company).

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The application for Membership has placed for approval before the Zonal Executive Committee's meeting held

on _____ and resolved that the application be and are hereby **APPROVED /REJECTED**.

Membership No. _____

HONORARY GENERAL SECRETARY



**ALL PAKISTAN PAPER MERCHANTS
ASSOCIATION**
SPECIMEN SIGNATURE CARD

**Passport
Size
PHOTO**

Membership Number: _____

Messrs : _____

Address : _____

Phone : _____ **Fax:** _____ **Mobile:** _____

Email : _____

Name of Proprietor/Partner/Director (For Election)		Signature with Company Stamp
NAME :	_____	
STATUS :	_____	
CNIC.NO. :	_____	
Name of Authorised Representative (For Purpose other than Election)		Signature with Company Stamp
NAME :	_____	
STATUS :	_____	
CNIC.NO. :	_____	

Attested by PROPRIETOR /PARTNER/ DIRECTOR _____

_____ Avenue