

APPLICATION FOR MEMBERSHIP



Corporate / Associate

FOR OFFICE USE ONLY

Receipt # _____

Dated: _____

Membership # _____

Approved on _____

ALL PAKISTAN PAPER MERCHANTS ASSOCIATION

Affiliated with the FPCCI

Head Office : 302, 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, Ph:+92-42-37248180, Fax: +92-42-37213363

w ebsite: appma.com.pk, e-mail: appmapk@gmail.com,

The Secretary General,
All Pakistan Paper Merchants Association,
Head Office,
Karachi.

**4 Passport
Size
PHOTOS**

Dear Sir,

I / We do hereby apply for Membership of All Pakistan Paper Merchants Association and undertake to confirm to abide by the Memorandum & Articles of Association and the bye-laws of the Association in force from time to time.

- 1) Name of the Firm/Company _____
- 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 (X)
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 appoint; Mr./Miss/ Mrs. _____ Designation / Relation
_____ as my /our authorized representative On behalf of _____

Signature of the Applicant with Firm / Company Stamp

I /We, the undersigned being Member(s) of All Pakistan Paper Merchants Association do hereby respectively propose and second the above named Merchant as an applicant for membership of the Association.

Note: - Proposer and Seconder firms both must be the active members of APPMA.

(1) PROPOSER'S SIGNATURE: _____	(2) SECONDER'S SIGNATURE: _____
a) M/s. _____	(a) M/s. _____
b) Membership # _____	(b) Membership # _____

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

- 1) **Rs.2,150/ = for Associate Members:-** includes (i) Annual Fee **Rs.1000/=**. (ii) Reg. Fee **Rs.1000/=** (iii) Membership Card Fee **Rs.150/=**.
Rs.3,650/= for Corporate Members:- includes (i) Annual Fee **Rs.2,500/=** (ii) Reg. Fee **Rs.1000/=** (iii) Membership Card Fee **Rs.150/=**.
- 2) Last date for submission of Application for Membership Form is 31st March.
- 3) Payment will be made through Cross Cheque / Pay Order in the name of All Pakistan Paper Merchants Association OR Cash.

Photocopies of the following documents must be attached:

1. CNIC of Proprietor (or/all Partners / all Directors of Company).
2. N.T.N Certificate along with copy of current Income Tax Return submitted.
3. Sales Tax Registration Certificate.
4. In ease of Partnership Firm, (i) Partnership Deed (ii) Resolution (in original) passed for authorized representative(s) signed by all Partners/Directors/Secretary.
5. Memorandum & Article of the Association (in case of Private / Public Ltd, Company).
6. Passport size photographs of the proprietor and authorized representative.

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The application for Membership placed for approval before the Central Executive Committee's meeting held on _____ and resolved that the application be and are hereby **APPROVED /REJECTED**.

Membership No. _____

SECRETARY GENERAL



ALL PAKISTAN PAPER MERCHANTS ASSOCIATION

SPECIMEN SIGNATURE CARD

Passport Size
PHOTO

Membership No. _____

M/s. : _____

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 _____