## "TO SERVE THE NATION WITH PROFESSION IN TRADE"



## THE HARIPUR CHAMBER OF COMMERCE & INDUSTRY.

Photograph Size 1x1/ Passport size

### **Application Form for Membership**

Date:/						
The Secretary General,						
I/We request you to register my/our Firm/Company as Corporate Member/Associate Member of your Chamber again payment of prescribed fees. I/We accept the objects of the Chamber & fully agree to abide by the rules & procedures business as laid down in the Memorandum & Articles of Association of the Chamber and not involved in any crimin act. My/Our membership will be subject to the approval by the Executive Committee of the Chamber as per rules. I/W undertake to abide by all decisions of the Executive Committee.						
Name of Firm/Company:* (*the name should be f	filled in as per mentioned in the Nation	al Tax Number Certificate (NTNC)				
Address:						
National Tax No.:	(Please attach photocopy o	f Certificate)				
Email/ U.R.L www:	Date of Establishme	ent of Business:				
Nature of Business: - ☐ Manufacturer  (Please Tick One) ☐ Dealer ☐ Set	_	☐ Distributor				
Main line of Business:	(Please S <sub>1</sub>	•				
Professional License No:						
If member of any other recognized Trade (Please attach photo copy)	Organization:					
Business Status: - □ Sole Proprietorship (Please Tick One: √)	☐ Registered Firm ☐	AOP (Association of Partnership)				
☐ Private Limited Co	ompany   Limited Comp	any				
□ Corporate Class	☐ Associate Clas	ss				
FOR OFFICE USE ONLY						
Receipt NoDate	ed/ for	Rs				
Membership No Ce	ertificate No	Card No				
Membership approved vide resolution No AREA	)	_ Dated/				
Asst. Secretary (Membership Section)		Secretary General				

## **Particular of Accredited Representative** 1. Name of Accredited Representative:-\_\_\_\_\_\_. 2. Designation:-\_\_\_\_\_\_\_. 3. C.N.I.C.No:-\_\_\_\_\_ (Please attach photocopy of Computerized National Identity Card) 4. Residential Address:-Tel. (Off):- .Tel. (Res):- Cell #: Blood Group DECLARATION I/We do solemnly declare & affirm that particulars provided are true and correct. I/We hold myself/ourselves responsible for legal/judicial consequences arising from the false statement. Yours Faithfully. Company/Firm's Seal Signature of Applicant Proposed by: -1. M/s: Membership No.\_\_\_\_ Signature: -Seconded by: -2. M /s: \_\_\_\_ Signature:-Membership No.\_\_\_\_\_

#### **Guide Lines/Instruction for Members.**

- In the case of an individual/proprietor concern, member cannot nominate a representative on his behalf.
- In case of Partnership/AOP any of the partners may be nominated to represent.
- In case of Private Limited & Limited concerns, Chief Executive, Managing Director or any managing officer of the company may be nominated with the approval of the Board of Directors.

#### **Documents Required:-**

- 1. Copy of N.I.C of the applicant along with NTN Certificate/Copy of Last Income Tax Return and Sales Tax Registration Certificate (If applicable).
- 2. Three (3) Passport size photographs of the Representative along with copy of National Identity Card of all the partners of the firms.
- 3. The prospective member to provide no criminal conviction certificate (Police Clearance) (as per Rule-11 (1) (d) of Trade Rules 2007).
- **4.** In case of Partnership Firm or AOP a **copy of legalized Partnership Deed** and **Certificate** issued by registrar of Firms.

#### For Corporate Members Only

- 5. In case of Private Limited or Limited Company printed copy of Memorandum and Articles Association, copy of Certificate of incorporation and copy of Form 29. Copy of NIC of all the directors and NTN Certificate of Company along with Three Passport Size Photographs of the representative of the Company.
- **6.** Copy of General Sales Tax registration certificate as a manufacturing concern or Sales Tax registered business concern having annual turnover of Rs. 50 Million or above.

Note:- Incomplete Application Form is liable to rejection.

Note: The financial year of the Chamber is 1<sup>st</sup> April to 31<sup>st</sup> March, every year. Rate of subscription and Admission Fee are as under:-

S.No	Category	Annual Subscription
1.	Corporate	Rs: 5,200/-
	Member	
2.	Associate	Rs: 2,000/-
	Member	

# THE HARIPUR CHAMBER OF COMMERCE & INDUSTRY SPECIMEN SIGNATURES CARD

Size 1x1

Photograph

Name of Firm/Compar	ny:
Name of accredited Representative	
Representative	
Designation	
Three (3) Signatures of	f accredited Representative:
1.	
2.	
3.	
<b>5.</b>	

#### TO BE PRINTED ON LETTERHEAD

#### **UNDERTAKING**

I/We	_(Business/Company	Name)	)	do
hereby undertake on oath as under:				

- That we undertake and confirm to abide by the Memorandum and Articles of Association, Bye-Laws, Rules and Regulations, "Code of Ethics" and "Code of Conduct" of the Haripur Chamber of Commerce & Industry (HCCI).
- 2. That we also undertake to follow and abide by all the decisions, directions, and policy guidelines of the Executive Committee of Haripur Chamber of Commerce & Industry (HCCI) as presently enforce and issued from time to time.
- 3. That we also undertake to pay all the fees, subscriptions, dues, charges, expenses and levies, etc., as may be prescribed/fixed/levied by Haripur Chamber of Commerce & Industry (HCCI) for any specific purpose/project.
- 4. That we also certify that the information provided to this application is true to the best of our knowledge and belief.
- 5. We have not been associated with any money laundering or terrorist financing activities and neither have approved the disbursement of nor disbursed such monies in any manner for money laundering or terrorist financing purposes.
- 6. We have not been associated with any illegal banking business, deposit taking or financial dealings, or any other illegal activities.
- 7. I/We solemnly confirm not to involve in any trade and business (import or/and export etc.) to and from UN Sanctioned Countries and Entities.

SIGN AND STAMP