

Status

Name of Company / Firm:

Registered Address

E-mail Address:

Signatory Name: _

1

2

3

4

5

Existing Business

Public Limited

Income Tax No. _____

Telephone No(s).

Signature of Proprietor / Partner / CEO / Director

Company

Wheat Traders **Association** of Pakistan

Zone North

(Under Registration) WTAP (Ex) Wheat Exporters Association of Pakistan® PAK/KARREGN/2002/003

Reference #

South

Application for Membership

Head Office: Unicorn House, M.C.F. 1-5, Khayaban-e-Iran, Clifton, Tel: (92-21) 3587 1168 - 69 ■ Fax: 35870923 - 35870674 ■ Email: wheatassocial

PAK/KARREGN/2002/003 House, M.C.F. 1-5, Khayaban-e-Iran, Clifton, Karachi-75600,	Pakistan Pakistan Date of Application				
House, M.C.F. 1-5, Khayaban-e-Iran, Clifton, Karachi-75600, Pakistan ■ Fax: 35870923 - 35870674 ■ Email: wheatassociationofpakistan@yahoo.com Date of Application					
pany / Firm :					
ublic Limited Private Limited Company	Multinational Partnership Sole Proprietorship Company				
o	(if available) Fax No(s).				
e:					
List of Directors (For Companies), Partn	ers (Partnership), Proprietor (Sole Proprietroship)				
Name	Status CNIC Number				
ness					

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		or Evaluation Only			
Particulars	Proposed By	or Évaluation Only.	Seconded By		
Member Name					
Representative's Name					
Signature & Stamp					
Description of Decuments a	ttached in support of the Application [Artic	cle 3(3)]	Yes	No	
Valid National Tax Number in the name of the Applicant					
	.,	Income Tay Ordinance 2001 or a			
·	last due, return of income tax under section 114 the				
•	4) of the Income Tax Ordinance 2001. In case no such				
- '' '	certificate from the concerned Income Tax Officer, co				
	n filing of the return or the statement, copy of the ap	opropriate exemption certificate be			
provided.					
3. Copy of Sales Tax Registration (Return (if applicable).	Certificate, in the name of the applicant, alongwith e	vidence of filling Sales Tax			
	red office, or head office, or principle place of busine	ss as the case may be within Pakistan			
-	ate fee for membership & annual subscription etc. (8				
	er mode acceptabel to Wheat Exporters As:				
6. Certified copy of Memorandum & Article of Association of Compnay and Certificate of Incorporation in case of a compnay					
alongwith latest Companies Fo	orm 29; Partnership Deed in case of Partnership Conc	ern.			
7. Copies of NIC of all the directors in case of a compnay/multinational corporation; all the partners in case of a partnership					
concern; the sole proprietor in	case of a proprietroship concern.				
I/We do hereby confirm that:					
1) The particulars given i	in this application form are correct to the best of my.	our knowledge, belief and information and	no material informat	ion has been	
1) The particulars given in this applicaiton form are correct to the best of my/our knowledge, belief and information and no material information has been withheld or concealed. It is understood that if any information/documents provided is found to be incorrect and/or based on misrepresentation, our application					
or if membership is g	given will be liable to be rejected/cancelled as the case	se may be and I/We shall not be entitled to	any refund of fees/su	ubscription paid.	
2) I/We have a bona-fide intention of exproting wheat from Pakistan and we understand that the membership of WTAP is for wheat exproters only.					
3) The undersigned is a person duly authorised to represent the Applicant, under the provisions of the Article of Association of WTAP.					
4) This application and my/our membership (if my/our application is accepted by the Managing Committee of WTAP) is subject to the Memorandum& Articles					
of Association of WTAP and I/We are bound by the terms thereof.					
Namo					
Name		<u> </u>			
Designation:					
Boorgination I		_			
CNIC Number: Signature with Stamp					
OFFICE USE ONLY					
Received Rv:		Checked By:			
Necesived by		official by.			
Date:	Date:				
Signature:		Signature:			



Wheat Traders Association of Pakistan

(Ex) Wheat Exporters Association of Pakistan® PAK/KARREGN/2002/003

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Application for Membership	Zone North Sout
Date of Application	Reference #
Name of Company / Firm :	
Status Public Limited Private Limited Company	Multinational Partnership Sole Proprietorsh Company
Income Tax No Telephone No(s) E-mail Address: Signatory Name:	(if available) Fax No(s) Cellular No
	ners (Partnership), Proprietor (Sole Proprietroship)
Name 1 2 3	Status CNIC Number
5 Existing Business	
Signature of Proprietor / Partner / CEO / Director	