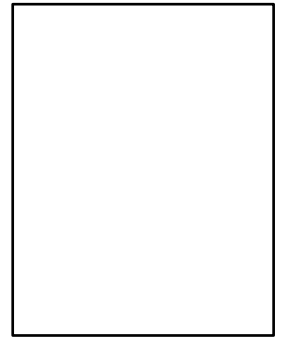




Membership Form

Mohmand Agency Chamber of Commerce & Industries. (Formerly Tribal Area CC & I) Fata.



Particulars of Applicant

1. NAME OF THE FARM / COMPANY _____

2. HEAD OFFICE ADDRESS _____

SUB OFF ADDRESS _____

3. CLASS OF MEMBERSHIP DESIRED ASSOCIATE CORPORATE

AGENCY ASSOCIATION TRADE GROUP

4. MANUFACTURE IMPORTER/EXPORTER

PLEASE SPECIFY _____

5. Contact NO _____ CNIC No _____

6. NTN _____ STRN _____

7. PERSON WHO WILL REPRESENT THE FIRM/COMPANY IN THE CHAMBER.

8. NAME _____ DESIGNATION _____

SIGNATURE OF APPLICATION _____

PARTNER DETAILS

NAME _____ CNIC _____ MOBILE _____

NAME _____ CNIC _____ MOBILE _____

NAME _____ CNIC _____ MOBILE _____

MEMBERSHIP APPLICATION FROM Mohmand Agency Chamber of Commerce & Industry.

The Secretary General
Mohmand Agency Chamber of Commerce & Industry

Dear Sir,

Being desirous of becoming the Member of Mohmand Agency Chamber of Commerce & Industry. I/We agree to abide by its Memorandum & Articles of Association. Particulars of my/ out /We solemnly declare that the particulars given below are true to the best of my/our knowledge & belief.

Your Faithfully

Stamp of the firm / Company: _____ Signature of Applicant _____

Introduce by M/S _____

Membership Code # _____ Signature with Stamp: _____

Address: _____

Date _____

Required Documentation

1. NTN Copy
2. Letterhead Pad
3. CNIC Copy
4. Passport Size Photo
5. Company Stamp

For Office Use Only

Form Correctly Filled _____ Checked by M/I _____ Date _____

Recommended by:

Chairman Membership Standing Committee: _____ Date _____

Approved by: President MACCI _____ Date _____ Received
a sum of Rs _____ by cash / cheque no _____ Vide Receipt No _____

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

Membership Code # _____

Membership of the Executive Committee Approved in

Signature _____

Its Meeting Held on