



MEMBERSHIP / REGISTRATION FORM MANSEHRA CHAMBER OF COMMERCE & INDUSTRY

Office : Opposite Abid Khan Plaza. Near Ziarat Kahoo, Kohsar Road Mansehra
Tel : 0997306788 Email: mcci2134@gmail.com https:// : www.mccipk.com
License # 349 FPCCI / TO - 349/2025 SECP Reg # 0289124 NTN: G376792

The Secretary General

Mansehra Chamber of Commerce & Industry

Date: ____/____/____

Dear Sir,

Being desirous becoming the member of the Mansehra Chamber of Commerce & Industry.

I/ We agree to abide by its Memorandum & Articles of Association.

I/We have enclosed the documents needed. I/We ensure that the particulars given below are true to the best of my/our Knowledge.

PARTICULARS OF APPLICANT (INDIVIDUAL)

Name _____

Residential Address _____

Business Name _____

Business Address _____

Class of Membership Desired. ☐ Corporate ☐ Associate ☐ Town Association

Category of Business

☐ Industry ☐ Import/Export ☐ Distribution ☐ Trading ☐ Services

☐ Tourism/Hotelling ☐ Other (Please Specify): _____

CNIC # : _____ STRN (if any) _____

Bankers : _____

Phone No. _____ Cell No. _____

Email: _____ Website (if) _____

Particulars of The Applicant (Firm/Company)

Name of the Firm/Company _____

Address _____

Phone No. _____ Email: _____

Website (if) _____

Class of Membership Desired. ☐ Corporate ☐ Associate

NTN _____ STRN (if any) _____

Business Status: ☐ Sole Proprietorship ☐ Registered Firm

☐ Public Limited Company ☐ Private Limited Company

Name of the Managing Partner/ Managing Director _____

MANSEHRA CHAMBER OF COMMERCE & INDUSTRY

Person who will represent the Firm/Company in the Chamber:

Name: _____ Designation: _____

Phone No: _____ Cell No: _____

Email: _____ Website (if) _____

Signature of Applicant _____ Stamp of the Applying Firm/Company _____

Proposed by: _____

Membership Code # _____ Signature _____

Seconded by: _____

Membership Code # _____ Signature _____

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FOR OFFICE USE ONLY

Membership Code# _____ Registration / Renwal _____

Received a sum of Rs _____ by Cash/Cheque No/Receipt No. _____

Date: _____ On account of registration fee and annual subscription fee for the year _____

Recommended by: Chairman Membership Scrutiny Standing Committe _____ Date: _____

Approved by: President MCCI _____ Date: _____

DOCUMENTS TO BE ENCLOSED

INDIVIDUAL

☐ A copy of CNIC of proprietor.

☐ Two Photograph of proprietor .

☐ Latest income tax return where applicable.

☐ A copy of sales tax participate wher applicable

PARTNERSHIP FIRM

☐ Two Photograph of representative

☐ Copy of CNIC of all Representative

☐ Latest income tax return where applicable

☐ A copy of Sales tax Certificate where applicable☐ Acopy of Partnership Deed

☐ List of Partners

SECP REGISTERED COMPANIES

☐ Two Photograph of representative (any partner)

☐ Copies of CNICs of all Directors

☐ Latest income tax return where applicable

☐ A copy of Sales tax Certificate where applicable

☐ A copy of Certificate incorporation

☐ List of Directors