



Towel Manufacturers' Association of Pakistan

ENROLMENT FORM

M/s. _____

REQUIREMENT OF DOCUMENTS

- 1) C.N.I.C of Proprietor / Partners / Directors
- 2) N.T.N Certificate
- 3) Income Tax / Last Returned Filed
- 4) Sale Tax Registration
- 5) Partnership Deed/ Memorandum & Articles of Association
- 6) Lease / Rent Receipt / Rent Agreement (Attested By Notary Public)
- 7) K.E / Gas Bill (Name of Company)
- 8) EOBI Certificate
- 9) Social Security Certificate
- 10) Export Performance Certificate (Last 02 Years)
- 11) Pictures; Premises Outside & Inside with Dpt. wise / Looms

12)	ADMISSION FEE	Rs.10,000
	CURRENT SUBSCRIPTION	Rs. 7,500
	MEMORANDUM & ARTICLES	Rs. 100
	MEMBERSHIP CERTIFICATE	Rs. 50
	Total	Rs.17,650

PROCESSING FEE OF APPLICATION FOR NEW MEMBERSHIP IS NON-REFUNDABLE / NON-TRANSFERABLE

USE ONLY FOR ASSOCIATION

DATE OF FORM RECEIVING	DATE OF SURVEY	DATE OF APPROVAL	ALLOTMENT OF MEMBERSHIP #.
------------------------	----------------	------------------	----------------------------

HEAD OFFICE



T.M.A House 77-A, Sindhi Muslim Corporate Housing Society Karachi-74400

021-34382801-4

tma@toweassociation.com


021-34551628

www.toweassociation.com



APPLICATION FORM FOR ENROLMENT AS MEMBER OF THE TOWELMANUFACTURERS' ASSOCIATION OF PAKISTAN

PHOTOGRAPH

We / I _____ hereby apply for membership of the Towel Manufacturers' Association of Pakistan and furnish below the necessary particulars, and further declare that We / I will abide by the Rules and Bye-Laws laid down in the Memorandum of Articles of the Association and agree to provide all information about Export, Production, Prices and other particulars as and when called for by the Association for record, statistical of representation purpose.

1. Name of Factory : _____
2. Date of Establishment : _____ National Tax No _____ STRN No. _____
3. Company Status Individual AOP Public Ltd. Private Ltd.
4. Address of Office : _____
5. Location of Factory : _____
6. Status of Factory Premises Owned Rented Status of Looms Owned Rented
7. No. of Looms _____ Jacquard Dobby Local Imported Shuttles Air Jet
8. Phone Nos. Office : _____ Email Address : _____
9. Phone Nos. Factory : _____ Website : _____
10. Proprietor / Director / Partner Name in full : _____
 - a) Father's Name : _____ C.N.I.C # : _____
 - b) Telephone # : _____ Mobile # : _____
11. EOBI Registration No. : _____ SESSI Reg. No : _____

12. Detail of Local Sales & Export Last 2 Years

SR.#	YEARS	TOTAL LOCAL SALE (RS.)	TOTAL EXPORTS (\$)
01			
02			

13. Product Manufactured : _____

Stamp: _____ Sign: _____ Name: _____ Date: _____

	NAME OF COMPANIES	AUTHORIZED REPRESENTATIVE	SIGNATURE	COMPANY SEAL
Proposed By:				
	Member Ship #	Cell #		
Seconded By:				
	Member Ship #	Cell #		

USE ONLY FOR SURVEYOR

	OPTION 1	OPTION 2	
Reason	<input type="checkbox"/> NOT APPROVED <input type="checkbox"/> No. of Looms Qty Wrong <input type="checkbox"/> Fake Addresses <input type="checkbox"/> Looms are not Working Condition.	<input type="checkbox"/> APPROVED <input type="checkbox"/> No. of Looms _____ <input type="checkbox"/> Running Capacity _____ <input type="checkbox"/> Stitching Capacity _____	Signature : _____ Name of Surveyor : _____ Company Stamp : _____

Signature Secretary
South Circle / North Circle

Signature Chairman
South Circle / North Circle

Ref # Approval Meeting: _____