



**The Faisalabad Chamber of Commerce & Industry**  
**Membership Re-admission Form**

No. \_\_\_\_\_

ایوان صنعت و تجارت فیصل آباد . پاکستان

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**Photo**

**APPLICATION FOR RE-ADMISSION**

The Secretary General,  
The Faisalabad Chamber of Commerce & Industry,  
FAISALABAD  
Dear Sir,

I / We do hereby apply for Re-Admission of membership of the Chamber of Commerce & Industry as Due to certain reasons. My / Our member firm was unable to renew the membership within the stipulated period of time. I / We Undertake to abide by the memorandum and article of association of the chamber on re-admission as Member. I / We Solemnly Affirm that the below-mentioned facts stated in the application form are correct.

1- Name of the Company / Firm \_\_\_\_\_

2- Full Address \_\_\_\_\_  
\_\_\_\_\_

3- Telephone Number (s): (i) \_\_\_\_\_ (ii) \_\_\_\_\_

Fax # \_\_\_\_\_ Mobile # \_\_\_\_\_

E-mail \_\_\_\_\_ Website: \_\_\_\_\_

4- NTN ( along with latest return) \_\_\_\_\_

5- Sales tax number (along with latest return if applicable) \_\_\_\_\_

6- Class of membership desired (a) Corporate  (b) Associate  (c) Town Association

7- Name & Designation of the person who will represent the company / Firm in the Chamber Affairs

Name \_\_\_\_\_ Designation \_\_\_\_\_

CNIC # ( along with copy) \_\_\_\_\_ NTN \_\_\_\_\_

8- Any other information about the concern \_\_\_\_\_

Yours Faithfully

Signature \_\_\_\_\_

Date \_\_\_\_\_

Stamp of the Firm / Company \_\_\_\_\_

No. \_\_\_\_\_

9- Particulars of Proprietor / Partner(s) / Director (s)

	NAME	ADDRESS
(i)	_____	_____
(ii)	_____	_____
(iii)	_____	_____
(iv)	_____	_____
(v)	_____	_____
(vi)	_____	_____
(vii)	_____	_____
(viii)	_____	_____

10- Legal Status of the Company / Firm (Please Tick  in the relevant Box)

(a) Proprietorship  (b) Partnership  (c) AOP  (d) Private Ltd.

(E) Public Ltd.  (F) Multinational

11- Any other information about the concern \_\_\_\_\_

I solemnly affirm that the above mentioned details are true and Correct

Signature \_\_\_\_\_

Date: \_\_\_\_\_ Stamp of the Firm / Company \_\_\_\_\_

FOR OFFICE USE ONLY

Membership # \_\_\_\_\_

Membership Supervisor \_\_\_\_\_ Secretary General \_\_\_\_\_

FOR ACCOUNTS DEPARTMENT

Received Rs. \_\_\_\_\_ By Cash / Cheque No. \_\_\_\_\_

Vide Receipt # \_\_\_\_\_ Dated \_\_\_\_\_

on account of Annual subscription for the year 200 \_\_\_\_\_

**Accounts Officer**