



# ALL PAKISTAN MARBLE INDUSTRIES ASSOCIATION (REGD.)

**TO SERVE THE NATION WITH DISCIPLINE IN TRADE**

Date: \_\_\_\_\_

Photograph

## APPLICATION FOR MEMBERSHIP

The Secretary General,

I/We request you to register my/our Firm/Company as Corporate Member/Associate Member of your Association against payment of prescribed fee. I/We accept the objects of the Association & fully agree to abide by the rules & procedures of business as laid down in the Memorandum & Articles of Association of the Association and not involved in any criminal act. My/Our membership will be subject to the approval by the Executive Committee of the Association as per rules. I/We undertake to abide by all decisions of the Executive Committee.

Signature of Applicant

Name of Firm/Company \_\_\_\_\_  
Address \_\_\_\_\_

National Tax No. \_\_\_\_\_ General Sales Tax No. (if any) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email/URL \_\_\_\_\_

Date of Establishment \_\_\_\_\_ Professional License No. \_\_\_\_\_

Nature of Business:  Manufacturer  Importer/Exporter  Distributor  
 Dealer  Services  Others (Please Specify)

Main Line of Business \_\_\_\_\_ Bank Name & City \_\_\_\_\_

If member of any other recognized Trade Organization (Please Specify) \_\_\_\_\_

Business Status:  Sole Proprietorship  Registered Firm  Partnership  
 Private Limited Company  Limited Company

Application must be proposed and seconded by valid member of All Pakistan Marble Industries Association (APMIA)

Proposed by (Name)					
Business Name					
Membership No.	M				
Signature					

Seconded by (Name)					
Business Name					
Membership No.	M				
Signature					

**ALL PAKISTAN MARBLE INDUSTRIES ASSOCIATION (Regd.)**

**Head Office:**

Plot # 45, St. # 10, Opp: Sabro Air Conditioners, Sector I-9/2 Industrial Area Islamabad Pakistan  
Tel: 051-4433508, Fax: 051-4432774, Cell: 0336-4433508, E-mail: apmiaislamabad@yahoo.com, www.apmia.com.pk

# Membership Card Form

Photograph

1. Representative's Name: \_\_\_\_\_
2. Representative's Designation: \_\_\_\_\_
3. Company/ Firm Name \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_
5. Telephone No.: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_
6. C.N.I.C No.: \_\_\_\_\_
7. N.T. N: \_\_\_\_\_
8. G.S.T No.(if any): \_\_\_\_\_
9. Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

1. Card No. \_\_\_\_\_
2. Membership No. \_\_\_\_\_
3. Date of Issue. \_\_\_\_\_
4. Date of Expiry \_\_\_\_\_

Secretary General

Membership Department  
Signature of Issuing Authority

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S #	Check List	List of Documents Required
1		Copy of CNIC
2		a) Copy of National Tax Number (NTN) Certificate b) Latest Income Tax Return, where applicable
3		Two photographs of the representative (Passport Size)
4		A copy of Sales Tax Registration, if registered / applicable
5		Visiting Card

**New Membership Fee (Associate):**

Rs. 4,500/- (Including membership card)

**New Membership Fee (Corporate):**

Rs. 7,500/- (Including membership card)

**Note:**

- **Incomplete application will not be entertained.**
- **Application form must be proposed and seconded by any two valid members of APMIA.**

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