



Chainstores Association of Pakistan

Registered with Director General Trade Organization, Ministry of Commerce Govt, of Pakistan .

MEMBERSHIP FORM

CORPORATE ASSOCIATE

Personal Information: _____

Name: MOIZ FAISAL SAYA SIO: FAISAL RAHIM SAYA

CNIC #: 42301-9197743-3 Date of Birth: 06-05-2000

Photo

Business/Company Information ZELLBURY

Company / Firm Name: AL-RAHIM RETAIL LIMITED

National Tax Number: 4439443-8

Cell Phone _____ Tel. No: 111-110-120 Fax: _____

Web: https://www.karakaonline.com Email: _____

Address: G.33 BLOCK 06 P.E.C. H.S. KARACHI

Designation: CEO

Type of Business:

Retail Import Export Production Other

Status of Business:

AOP Private Limited Proprietorship

PRODUCT CATEGORY:

Textile Shoes Cosmetics Jewellery House Hold Electronics Food Pharmacy

Super Market Others

National Tax Number	4439443-8
Sales Tax Registration Number	3277876112223
Date of Incorporation	03-08-2015
Date of Commencement of Commercial Production	2016
Number of Employees	727
Certification (If any)	
Business Concern (Proprietorship / Firm / Company)	COMPANY
Status of Company (Public or Private)	PRIVATE
Class of Membership (Associate OR Corporate)	CORPORATE

We enclose herewith Crossed Cheque / Pay Order / Demand Draft No. _____
dated _____ drawn on _____ in favor of

CHAINSTORE ASSOCIATION OF PAKISTAN, as per detail given below:

i) Registration Fee (One Time)	Rs. 25,000
ii) Annual Fee	Rs. 75,000
Total Fee	_____

IMPORTANT NOTE:

- i) Application must be signed by a Director in the case of Company and a Partner in the case of Partnership firm.
- ii) Application shall be submitted (in duplicate) at concerned CAP Regional Office located in Lahore & Karachi.

FOLLOWING DOCUMENTS SHOULD BE ATTACHED:

- a) Sales Tax / National Tax Registration Certificate.
- b) Proof of filing of Annual Income Tax Return (if applicable)
- c) Copies of CNIC(s) authorized representatives.
- d) 2 Photographs
- e) Partnership Deed / Registration of Firm



Chainstores Association of Pakistan

Nomination of Authorize Person:

Name: _____ S/O: _____ Occupation: _____

Address: _____

Tel No. _____ Email: _____

Signature: _____

Proposer and Seconder:

The following existing members of CAP (registered with CAP) has proposed and seconded our application for membership, as under:

Description	Proposed by	Secondered by
Signatures of Authorized Representatives		
Name of Brand/ Company		
Stamp/Seal		

Declaration:

I have read the details and I want to be an active member of this organization. I accept and undertake that I will obey the Law and Regulations of the Association and that I affirm that I will pay the dues and funds to be determined in due time. I declare my acceptance. I declare that this information belongs to me and is true to the best of my knowledge /..... /2023.....

Signature: _____

FOR OFFICIAL USE

Our Management team as on /..... / 2023 hereby submit their decision for

Accepted

Note Accepted

