



## ALL PAKISTAN MOTORCYCLE SPARE PARTS IMPORTERS & DEALERS ASSOCIATION

Licensed by Ministry of Commerce, Govt. of Pakistan and Incorporated under Companies Ordinance 1984 as the Non Profit Organization by the SECP

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# MEMBERSHIP FORM

(THIS FORM TO BE FIELD IN BLOCK LETTERS)

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

1. Company Name : \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Contact Number(s): \_\_\_\_\_ 4. Email id: \_\_\_\_\_
5. Sales Tax No.: \_\_\_\_\_ 6. NTN No. : \_\_\_\_\_

**(Please tick ✓ appropriate box below)**

7. Type of Business :   Importer    Retailer    Wholesaler
8. Type of Member:   Corporate    Associate

**"Associate member"** means a member of a trade organization which is not a body corporate or a multinational or a sales-tax-registered business concern having annual turn-over of not less than fifty million Rupees;

**"Corporate member"** means a member of a trade organization which is either a body corporate or a multinational corporation with its head office or branch office in Pakistan or a sales-tax-registered business concern having annual turn-over of not less than fifty million Rupees;

9. Name of Authorized Rep.: \_\_\_\_\_ 10. CNIC No.: \_\_\_\_\_

11. Signatures of the Authorized rep.: \_\_\_\_\_ 12. Stamp of Company:

Stamp

13. **The application for grant of membership should be proposed and seconded by existing members of the APMSPIDA**  
**Proposer:**

Name of the Company/Firm: \_\_\_\_\_ Membership No. : \_\_\_\_\_

Signatures of authorized Rep.: \_\_\_\_\_ Stamp of Company/firm:

Stamp

14. **Secunder:**

Name of the Company/Firm: \_\_\_\_\_ Membership No. : \_\_\_\_\_

Signatures of authorized Rep.: \_\_\_\_\_ Stamp of Company/firm:

Stamp

# MEMBERSHIP TERMS & CONDITIONS

- a. That the applying Company/Firm/Establishment:-
- Should be engaged in the type of business under offering by the APMSPIDA as per its Articles of Association i.e. either Imports, Wholesale, Retail or Dealer of Motorcycle Spare Parts.
  - Should be an NTN registered concern.
  - Should pay the Annual fees as set forth by APMSPIDA. Payment be made via Cross Cheque or Pay Order favouring APMSPIDA.
  - Should furnish the following documents alongwith the application including but not limited to:-
 

-Business Profile <input type="checkbox"/>	-Copy of National Tax Certificate <input type="checkbox"/>
- Copy Sales Tax Certificate <input type="checkbox"/>	-Copy of CNIC of Authorized Representative <input type="checkbox"/>
-Proof of Business Address <input type="checkbox"/>	-Proof of filing of income tax returns. <input type="checkbox"/>
-Proof to establish Membership Type i.e. Corporate or Associate <input type="checkbox"/>	
-Proof of Business Type i.e. Importer, Wholesaler, Retailer or Dealer <input type="checkbox"/>	
- Should fulfill the membership criteria set forth by APMSPIDA under the prevalent laws.
- b. That the Membership shall expire each year on the 31<sup>st</sup> day of March
- c. That the Membership will be granted on a renewal basis for a maximum period of 1 year. Membership will be renewed on the basis of the following:-
- Payment of Renewal Fees via Cross Cheque or Pay Order favouring APMSPIDA
  - Proof of filing of Income Tax Return
  - That there isn't any default for the preceding years by the respective member firm/company/establishment
- d. That, all the membership applications and the renewal applications are scrutinized by the 'Membership Scrutiny Committee' of the APMSPIDA, which after scrutiny decides the fate of the respective application(s) on merit and accordingly its decision remains final.

## DECLARATION CUM INDEMNITY

- I hereby certify that to the best of my knowledge and belief, my details on this membership application are complete and true. I understand that I am solely responsible for the information submitted/shared and that the Association can share my information with the relevant Government authorities if deemed appropriate for the verification purposes or for the reasons beyond that.
- That, I understand that the fate of my membership application and the renewal application remains with the 'Membership Scrutiny Committee' of the APMSPIDA, which after scrutiny decides the fate on merit and decision of which will be considered final.
- That, I hereby indemnify APMSPIDA and its affiliates from any misinformation for which I can solely be held responsible at any point in time.

Signatures of the Authorized rep.: \_\_\_\_\_ Stamp of Company: Stamp

### FOR OFFICE USE ONLY

<b>Received by:</b> _____	<b>Designation:</b> _____
<b>Date:</b> _____	<b>Signature:</b> _____
<b>Membership:</b> <b>ACCEPTED</b> <input type="checkbox"/>	
<b>Membership granted on:</b> _____	<b>Membership No.</b> _____
<b>REJECTED</b> <input type="checkbox"/>	
<b>Brief Reasoning:-</b>	
_____	
_____	
_____	
<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">                 Stamp of APMSPIDA             </div>	
_____	_____
<b>Chairman/Member Scrutiny Committee.</b>	<b>Secretary General APMSPIDA</b>