PAKISTAN CHEMISTS & DRUGGISTS ASSOCIATION

18, Sheikh Mansoor Chambers, Near Light House Cinema,
M. A. Jinnah Road, Karachi. Ph: 021-32732387 Fax: 32732486
Email: pcdapakistan@gmail.com Website: www.pcdapakistan.com

Photograph

Particulars of Applicant

1. Title of the Firm/Company _____

2. Full Address: _____

   _____

3. Class of Membership Desired: (Corporate Group/Associate Group) _____

4. Manufacturer/Exporter/Importer/Distributor/Wholesaler/Retailer/ Pharmaceuticals/Alternative Medicines/ Surgical & Diagnostic Items (Tick) or any other Pharma related business, please specify

   _____ _____

5. NTN No. _____.GST No. _____.
   (For Corporate Member)

6. Drug Sale License No._____ Expiry Date _____

7. Registration No. of SECP (For PVT LTD Company). _____

8. Tel. (Office):_____ Tel (Res) _____

9. Cell No._____ Fax No. _____

10. Email: _____ Website _____

11. Authorized Person who will represent the Firm/Company in the PCDA.***(Owner/Partner/Director/Employee)***

    Name: _____ Designation _____CNIC_____

    Signature of the Authorized Person & Stamp of the Firm._____

12. Name of the partners/directors: (Only for AOP/PVT. LTD/ Corporate Member)

i. _____ ii. _____

iii. _____ iv. _____

v. _____ vi. _____

vii. _____ viii. _____

ix. _____ x. _____

MEMBERSHIP APPLICATION FORM

To,
The Secretary General,
Pakistan Chemists & Druggists Association,
18, Sheikh Chambers, Light House, M. A. Jinnah Road,
Karachi.

Dear Sir,

Being desirous becoming the member of the "Pakistan Chemists & Druggists Association", I/We agree to abide PCDA's Memorandum & Articles of Association. Particulars of my / our business are given over leaf. Required necessary documents are enclosed. I / We solemnly declare that the particulars given are true to the best of my / our knowledge & belief.

Date: _____ Name of Applicant _____ CNIC _____

Stamp of the Applying Firm / company _____ Signature of Applicant _____

Proposed by M/S: _____

PCDA Member No. _____ Signature with Stamp _____

Seconded By M/S: _____

PCDA Member No. _____ Signature with Stamp _____

Required Documentation

For Associate Membership

- ☐ Copy of NTN Certificate
- ☐ Copy of CNIC of authorized person.
- ☐ 2 Photo of authorized person.
- ☐ Copy of latest Income Tax Returned (ITR).
- ☐ Copy of Partnership Deed and letter for authorized person. (Not for Owner/Proprietor).
- ☐ Valid Drug Sales License.

For Corporate Membership

- ☐ Copy of NTN Certificate
- ☐ Copy of GST Certificate.
- ☐ Copy of CNIC of authorized person.
- ☐ 2 Photo of authorized Person.
- ☐ Letter for authorized person. (Not for Owner/Proprietor)
- ☐ Copy of latest Income Tax Returned (ITR).
- ☐ Proof of Five million Turn over/year. (If Trader)
- ☐ Valid Drug Sales License.

For Office Use Only:

Checked by Scrutiny Committee _____ Date: _____

Approved By Chairman Scrutiny Committee. _____ Date: _____

Received a sum of Rs. _____ by Cash/Chq: No. _____ Receipt No. _____

Dated: _____ On account of Admission fee and Annual subscription fee for the year _____

Membership Code No. _____ Scrutiny Committee approved in its meeting held on _____