

Fleet Operators Association of Pakistan

Required documents for new Membership

(Approved by the Executive Committee)

1. Request letter for Membership on Company's letter head.
2. Valid NTN Certificates must be submitted with the application (whether Private Limited / Partnership / Sole Proprietorship). In case the Applicant has been in existence for more than a fiscal year then proof of filing of income tax return of the last financial year.
3. Memorandum and Articles of Association with Certificate of Incorporation & Form-29 duly certified by SECP (for Private Limited Companies); Partnership Deed or Sole Proprietorship firm duly registered with Registrar Office, Joint Stock Companies.
4. CNIC of Director/Partners or Proprietor of Company.
5. Bank Account Maintenance certificate in Original.
6. At least five (05) Employees (excluding Proprietor/Partners/Directors) with a proper office in accordance with the Government requirement.
7. The Proposers and Seconders of new members should be completely independent of each other. They should not be related to each other including as sister Companies with the same set of Proprietors/Partners/Directors.
8. Before approval of new membership, office of the applicants may be visited by any two Members of the Membership Committee, if required.
9. Personal profile of Directors / Partners / Proprietor with NOC from previous employer as per annexure attached.
10. Cheque/Pay Order/Draft of Rupees 300,000/= in favor of 'Fleet Operators Association of Pakistan'.

Note: -

- Membership year April – March (Membership will expire on 31st March each year irrespective of grant of membership)
- **Annual Fee Rs.100,000/= : One time Admission Fee Rs. 200,000/=**
- FOAP reserve the right to reject grant of Membership
- The applicant rejected may avail one opportunity appeal to Chairman FOAP for review and reconsideration

Fleet Operators Association of Pakistan

MEMBERSHIP FORM

Annual Fee Rs.100,000/= & Admission Fee Rs.200,000/=

1. Company Name _____
2. Complete Address _____
3. Telephone Nos _____ Mobile No. _____ Fax No. _____
4. Branch if any _____ Email. _____
5. Date and Place of Establishment _____ NTN # _____
6. Private Ltd. co. Partnership firm Proprietary firm

(i) If a Limited Co. give names of the Directors & enclose Memorandum & Articles of Association

(ii) If partnership firm give names of partners & enclose Partnership Deed duly registered with Registrar Joint Stock Companies

(iii) If sole proprietorship give name of proprietor and Registration Certificate from Registrar Joint Stock Companies

7. Name of authorized representative _____ CNIC # _____

8. Designation _____ Signature _____

Yours faithfully

(Company stamp & Signature of Director / Partner / Proprietor)

Proposed by

(Name of member Company)

(Authorized Signature & stamp)

Seconded by

(Name of member Company)

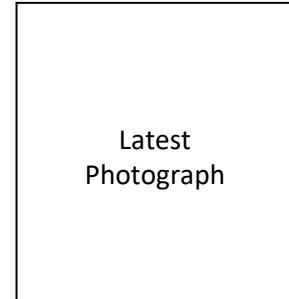
(Authorized Signature & stamp)

Note: Any change in telephone numbers, address or Email, may kindly be notify to FOAP Office immediately.

Fleet Operators Association of Pakistan

USE COMPANY'S LETTER HEAD

OFFICIAL REPRESENTATIVE FORM



Name of Company: _____

Office Address: _____

Name of the Representative: _____

Valid CNIC # _____ Cell # _____ Tel # _____
(Please attach copy)

Fax # _____ Email _____ Website _____

Status in the company: _____
(Chief Executive Officer/ Managing Director / Director / Partner / Proprietor)

National Tax Number of the Company: _____
(Please attach copy)

1-Specimen Signature

2-Specimen Signature

I, / We M/s. _____ hereby

authorize Mr. /Mrs. /Ms. _____

Designation _____ as our Official Representative in FOAP.

Director / Partner / Proprietor

Name, Signature and Seal: _____

Fleet Operators Association of Pakistan

Kindly print on company letter head

PERSONAL PROFILE

(Directors/Partners/Proprietor)

- Name : _____
- Father's Name : _____
- Date & Place of Birth : _____
- CNIC Number : _____
- Office Address : _____
- Residence Address : _____
- Tel Number Office : _____
- Fax Number : _____
- Mobile Number : _____
- E-mail : _____
- Academic Qualification : _____

- Professional Qualification : _____

- Professional experience : _____
Pls list name of companies
served & duration also
compulsory attached
clearance certificate/
NOC from ex-employers _____
