

### PAKISTAN TOBACCO BOARD

Ministry of National Food Security & Research 46-B, Office Enclave Phase-5, Hayatabad Peshawar.

Form No.	

For office Use Only

# Companies Application Form for DECLARATION FOR TOBACCO REQUIREMENT FOR 2024 CROP

Quota will be allotted to the companies registered with SECP on provision of documents mentioned below. Incomplete application form will not be considered.

Pleas	e complete in typescript or in bold b	lock capitals.					
1.	NTN No.						
2.	SECP Registration NO.						
3.	Name of the Company						
4.	Contact No.						
5.	Date of incorporation						
6.	Incorporated in	(State Name of the Country of origin)					
7.	Status of Company in Pakistan	Liaison Office		Branch Off	fice		
8.	Name of parent/Holding Company						
9.	Place(s) of business in Pakistan	1.					
		2.					
		3.					
		4					
		(Here state full addre	ess of all place	es of business	in Paki	istan)	
10	. Address of the registered						
	Principal Office of the company In Pakistan.						
11	. Province						

# 12. Particulars of Directors, Chief Executive and Secretaries of the Company

Former Name and Surname in full (if any)	Status/Designation	Usual residential address in full	Nationality	Nationality of origin (if other than the present nationality)	Passport (Whichever is applicable)	Business , occupation and other Directorship, (if any)	Contact No.
	and Surname in	and Surname in	and Surname in residential	and Surname in residential	and Surname in full (if any) residential origin (if other than the present	and Surname in full (if any) residential origin (if other than the present (Whichever is	full (if any)   address in full   than the present   (Whichever is and other nationality)   applicable   Directorship,

# 13. Tobacco Required for the Year ------

Types of Tobacco	For Cigarette	For Export Qty in	Total
	Manufacturing/Domestic	Million KGs	
	Qty in Million KGs		
FCV			
DAC			
WP			
Burley			
Other			
Please specify type			
Total			

# 14. Place(s) of GLT's in Pakistan

S.No	Address	District	Province
1			
2			
3			
4			

### 15. Documents Attached

i.	Attested Copy of SECP Registration Certificate			Yes	No	
ii.	Attested Copy of Memorandum of Association			Yes	No	
iii.	Attested Copy of CNIC of Directors			Yes	No	
iv.	Affidavit on stamp paper of Rs.100	attested b	ру	Yes	No	
	Notary public/Oath Commissioner (	Format A	Attached)			
Declaratio	on	Date				
I Solemnly	y declare that the particulars listed abo	ove are c	orrect to th	e best of	my knowledge. In	
case any n	nisrepresentation is identified by cond	erned au	thorities a	any stag	ge, declaration will	
immediate	ely be terminated and penalty can also	be impo	sed.			
Signature						
Name of S	Name of Signatory					
Designation						
CNIC Number of Signatory						
Contact No						