Form Number: SECDIV(I)/2020

Annexure-I

[see rule 3(1)]

Ministry of Foreign Affairs
Strategic Export Control Division (SECDIV)
Islamabad

REGISTRATION FORM

(1) Name of Exporter/Company required to be registered:		
(a) Full Address: (i) Main office: (ii) Branch office (if any):	(b) Telephone Number: (d) Email:	(c) Fax Number: (e) Website:
(f) Postal Address (if different than a):	(g) Number of Employees:	
(h) Registration # (Registrar of Firms):	(i) Name of Bankers with Address:	
(j) Membership # FPCCI/ Chamber of Commerce & Industry / Any trade associations		

(k) Type of Activity (Please check)	List of products with detailed description intended to be exported	Details of previous exports with destination within last 5 years
Manufacture ☐ Export ☐ Re-export/Transfer ☐ Transit ☐ Transshipment ☐		

(2) Name of Proprietor/ Managing Partner/ Managing Director (Mr/Miss/Mrs)	First	Middle	Last

(a) Citizenship:	(b) Dual/other citizenship, (if any):
(c) Full Address: Office: Residence:	

(d) Postal Address (if different than c):

(e) Telephone Number Office: Residence:	(f) Fax Number: (g) Mobile Number: (h) Email:
(i) CNIC Number:	(j) Passport Number:

Date of Issue and Expiry:	Place of Issue:	Date of Issue and Expiry:	Place of Issue:
(k) Foreign Passport # (If dual citizenship)		Date of Issue and Expiry	Place of Issue:

(l) Whether the proprietor or any member of his family or any Partner(s)/Director(s) is/are also Proprietor(s)/Partner(s) of any other Firm(s)/Company(s), if so state:

Name, Address of the Firm/Company with status	SRN	Composition of firm	Nature of business

(m) Also state:

Full name of the person(s) in possession of interest	Relationship between family member	Nature of interest/ percentage share

(3) Details of Company's Internal Compliance Programme (ICP) for strategic export controls on Goods, Technologies, Material and Equipment related to Nuclear and Biological Weapons and their Delivery Systems (if any): (refer to SECDIV ICP Guidelines S.R.O. 2(24)/2013-SECDIV(P).

(4) Details of Export Control Expert, if any	(d) Date of Employment:
(a) Name:	
(b) Designation:	
(c) Qualifications:	

(f) Full Address Office: Residence:

<table>
<tr><td colspan="4">Postal Address (if different from f):</td></tr>
<tr><td colspan="2">(g) Telephone Number
Office:

Residence:</td><td colspan="2">(h) Fax Number:

(i) Mobile Number:

(j) Email:</td></tr>
<tr><td colspan="2">(k) CNIC Number:</td><td colspan="2">(l) Passport Number:</td></tr>
<tr><td>Date of Issue and Expiry:</td><td>Place of Issue:</td><td>Date of Issue and Expiry:</td><td>Place of Issue:</td></tr>
<tr><td colspan="2">(m) Foreign Passport Number (If dual citizenship)</td><td>Date of Issue and Expiry:</td><td>Place of Issue:</td></tr>
<tr><td colspan="4">5. Details of person authorized to sign the SECDIV License Application Form</td></tr>
<tr><td colspan="2">(a) Name:</td><td colspan="2" rowspan="2">(c) Telephone Number
Office:
Residence:</td></tr>
<tr><td colspan="2">(b) Designation:</td></tr>
<tr><td colspan="2">(d) CNIC Number:</td><td colspan="2">(e) Passport Number:</td></tr>
<tr><td>Date of Issue and Expiry:</td><td>Place of Issue:</td><td>Date of Issue and Expiry:</td><td>Place of Issue:</td></tr>
<tr><td colspan="2">(f) Foreign Passport # (If dual citizenship)</td><td>Date of Issue and Expiry:</td><td>Place of Issue:</td></tr>
<tr><td rowspan="2">(g) Three Specimen Signatures</td><td>(1)</td><td>(2)</td><td>(3)</td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

Declaration

I/We certify that the information and documents provided in/with this application are correct to the best of my/our knowledge. I/We, further affirm that in case any of the above information or documents are found incorrect/false/forged or misleading, I/we shall be liable for prosecution/administrative action under the Act and rules there under.

Signature of Proprietor/ Managing Partner/ Managing Director All Partners All Directors	Name of Signatory (in block letters)

Date: _____

List of Documents to be Attached with Registration Form

(i) Copy of CNIC
(ii) Copy of Passport (Also foreign passport in case of Dual Nationality)
(iii) NTN/FTN Certificate
(iv) Sales Tax Certificate
(v) Company Registration Certificate (must be attached if held)
(vi) Company Profile/Brochure with Product Literature

Note: Please provide full details as above. In case of more than one owner, this Form shall be signed by all owners.

FOR OFFICIAL USE:

Application No. _____

Date: _____