

## SECURITIES AND EXCHANGE COMMISSION OF PAKISTAN COMPANY LAW DIVISION REGISTRATION DEPARTMENT

NIC BUILDING, BLUE AREA, ISLAMABAD

No. CLD/RD/602/97/2003

CIRCULAR NO. 26/2010

Islamabad, November 16, 2010

## Subject: Application for Refund of Fees received under Sixth Schedule to the Companies Ordinance, 1984

In order to streamline process of refund of fees received under the Sixth Schedule to the Companies Ordinance, 1984, a standardized Application Form for refund of fees has been developed. All concerned are therefore advised to make application for refund of fees to the registrar or Commission on the enclosed format.

2. Further, details of documents required with the Application Form, are as under:

Sr. No.	In case of	Documents required	Payee
1	Existing companies	Original paid challan	Company
2	Companies proposed to be registered, and documents have been filed	<ul> <li>Original paid challan</li> <li>CNIC copy of the person to whom the refund is to be made</li> <li>Authority letter in favor of the payee from all promoters</li> </ul>	Person authorized by the promoters/sponsors
3	Companies proposed to be registered, and documents have not been filed	<ul> <li>Original and depositor's copy of paid challan</li> <li>CNIC copy of the person to whom the refund is to be made</li> </ul>	Applicant

- 3. Please note that the authority letter mentioned above shall be submitted on a duly witnessed and notarized stamp paper of requisite value.
- 4. Application for refund of fees is available at: <a href="http://www.secp.gov.pk/">http://www.secp.gov.pk/</a>

(Nazir Ahmed Shaheen)

Executive Director (Registration)

## Distribution:

- 1. President, Institute of Charted Accountants of Pakistan, Charted Accountants Avenue, Clifton, Karachi-75600
- 2. President, Institute of Cost & Management Accountants of Pakistan, Gulshan-e-Iqbal, Karachi 75300
- 3. President, Institute of Corporate Secretaries of Pakistan, 683-C, Allama Iqbal Road, Off: Tariq Road, Block 2, PECHS, Karachi.
- 4. The President, Federation of Pakistan Chambers of Commerce and Industry, Shahrah-e-Firdousi, Main Clifton, Karachi.
- 5. The President, All Chambers of Commerce & Industry.
- 6. The President, Pakistan Tax Bar Association.
- 7. All Company Registration Offices.
- 8. Official Website for information.

APPLICATION FOR REFUND OF FEE									
			APPLICATION	2.00-2.00.000000					
Name of Company/ P	roposed Company:				<u> </u>				
CUIN, if any:									
Reason for Refund/wi	thdrawal:		×	N.					
Nature of Fee:									
Fee deposited:		Rs.	Challan No.:		Date:				
Amount of Refund		Rs.		Challan & Depositor's Co					
Payee:		(Provide authority letter in favour of payee if other than applicant or company)							
Payee's CNIC No.:		(Provide copy of CNIC)							
Applicant's Name:		(i lovide dopy of divide)							
Applicant's relationshi	p with Company:								
Applicant's Address:									
IANA affirms that the ab	ava information is	two according to pour local	-	and haliaf					
II/vve affirm that the at	oove information is	true according to my/our be	st of knowleage	e and beliet.					
Date:		Signature	of Applicant(s)	:		V			
		PART 8 - VERIFICAT	ON / RECOMA	MENDATION					
Verified that: (a) the a	bove stated particu	ılars are correct; (b) fee is re							
is recommended for r									
						-			
Date:	Signat	cure of concerned CRO Inch	arne.		CE	RO:			
Dato	_ oignat			Recommended (pleas					
Recommendation of Companies:	Registrar of								
Date:	_		e of Registrar o						
		PARTIC - BANK RE	CEIPT CONFI	RMATION					
		DC No. & Date							
Bould Bookint Confirmation									
		Amount Admissible for	retund						
Date:	_ Signature	of Confirming Authority.:		DD	(Finance)/				
		PART D - APPR	OVING AUTHO	01#VTTY					
			Approved/Not.	Approved (please pro	ovide reason)				
A A the it					ŕ				
Approving Authority:									
Date:	_ Signature	of Approving Authority.:	=		(Regn)/	1			
		PART E - PA	YING AUTHOR						
Approved/Not Approved (please provide reason) Paying Authority:									
Date:	Signature	of Paying Authority.:		ED/F	Director (Fine:	200)			
Date	_ Signature (	or r aying Authority			Director (Finar	ice)			
	raid			N	ot Paid				
Cheque No.			Doctor		7				
Date:			Reason:						

Enclosures: 1. Original Challan & Depositir's Copy 2. Authority letter 3. Copy of CNIC (in case of payment in the name of a person) 4.