SECURITIES AND EXCHANGE COMMISSION OF PAKISTAN
COMPANY LAW DIVISION
REGISTRATION DEPARTMENT
NIC BUILDING, BLUE AREA, ISLAMABAD

No. CLD/RD/602/97/2003 - 2434

Islamabad, December 21, 2010

CIRCULAR NO. 28 /2010

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

In continuation of Circular No. 26 of 2010, dated November 16, 2010, it is clarified that while making application for refund, Depositor/Applicant/Customer copy of paid challan shall also be furnished, in all cases, in addition to SECP/Original copy of paid challan.

2. Further, it is also informed that only original challans shall be accepted and photocopies of the same shall not be entertained.

3. Moreover, it is notified that, from 1st January, 2011, refund applications shall only be processed on prescribed form/application (enclosed). The same is also available on Commission's website at: http://www.secp.gov.pk/forms.asp

(Nazir Ahmed Shaheen)
Executive Director (Registration)

Distribution:

1. President, Institute of Chartered Accountants of Pakistan, Chartered 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

PART A - APPLICATION

Name of Company/ Proposed Company:					
CUIN, if any:					
Reason for Refund/withdrawal:					
Nature of Fee:					
Fee deposited:	Rs	Challan No:		Date:	
Amount of Refund:	Rs	(Attach Original Challan & Depositor's Copy)			
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:					
Applicant's relationship with Company:					
Applicant's Address:					

I/We affirm that the above information is true according to my/our best of knowledge and belief.

Date: _____ Signature of Applicant(s): _____

PART B - VERIFICATION / RECOMMENDATION

Verified that: (a) the above stated particulars are correct; (b) fee is refundable, and (c) amount of Rs. _____ is recommended for refund.

Date: _____ Signature of concerned CRO Incharge: _____ CRO: _____

Recommended/Not Recommended (please provide reason)

Recommendation of Registrar of Companies:

Date: _____ Signature of Registrar of Companies / _____

PART C - BANK RECEIPT CONFIRMATION

Bank Receipt Confirmation:

DC No. & Date

Head of Account

Amount Admissible for refund

Date: _____ Signature of Confirming Authority: _____ DD (Finance)/

PART D - APPROVING AUTHORITY

Approved/Not Approved (please provide reason)

Approving Authority:

Date: _____ Signature of Approving Authority: _____ ED (Regn)/

PART E - PAYING AUTHORITY

Approved/Not Approved (please provide reason)

Paying Authority:

Date: _____ Signature of Paying Authority: _____ ED/Director (Finance)

Paid		Not Paid	
Cheque No:		Reason:	
Date:			

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. _____