



TMA HOUSE

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CHECK LIST

REQUIRED DOCUMENTS

CONCESSIONARY TARIFF TO MANUFACTURERS OF EXPORT-ORIENTED SECTORS

| TITLE OF REQUIRED DOCUMENTS | MODE | CHECK |
|---|-----------------|--------------------------|
| 1. REQUIRED UTILITY BILLS APPLY FOR ZERO RATING | COPY | <input type="checkbox"/> |
| 2. N.T.N | COPY | <input type="checkbox"/> |
| 3. INCOME TAX PROFILE | COPY | <input type="checkbox"/> |
| 4. MEMBERSHIP CERTIFICATE | COPY | <input type="checkbox"/> |
| 5. LIST OF MACHINERY (PRINT ON COMPANY LETTER HEAD) | ORIGINAL | <input type="checkbox"/> |
| 6. ANNEXURE-B | FORMAT ATTACHED | <input type="checkbox"/> |
| 7. UNDERTAKING | FORMAT ATTACHED | <input type="checkbox"/> |
| 8. PROCESSING FEE (Pay Order In Favor Towel Manufactures Association of Pakistan) | 3,000/- | <input type="checkbox"/> |

| VERIFICATION REPORT FOR ALLOWING CONCESSIONARY TARIFF TO MANUFACTURERS OF EXPORT-ORIENTED SECTORS | | |
|--|--|--------------------------------|
| Part-I- To be Filled & Authenticated by Association concerned/ IR Formation. | | |
| | | (Please tick the relevant box) |
| 1 | Name of LTO/MTO/CTO/RTO where Taxpayer falls | |
| 2 | Name of Owner. | |
| 3 | Contact details of registered Representative, if any | |
| 4 | Name of the Business Unit. | |
| 5 | Sales Tax Registration No. | |
| 6 | NTN No. | |
| 7 | Status of taxpayer / RP (Individual, AOP, Company). | |
| 8 | Category, i.e., manufacturer- cum-exporter/local supplier, both etc. | |
| 9 | Address of Head Office / Registered Office. | |
| 10 | Address(es) of Manufacturing Premises | |
| 11 | Whether the premises is owned, rented or leased by the RP? | |
| 12 | Whether premises are singly owned or shared? | |
| 13 | Is unit operational? | |
| 14 | Nature of Manufacturing activity and type of products / items being manufactured | |
| 15 | Do these items fall under the Export oriented sector | |
| 16 | Are items other than Export-oriented sector | |
| | If yes, the nature and type of items/ products and quantum of production (unit of measure (meters, tons, etc.) | |
| 17 | Whether separate gas/ electricity meters are installed for all units in same premises? | |
| | If yes, give details of meters installed | |
| 18 | Electricity Account No(s)/ consumer No (s) / Reference No (s), for which concessionary rate is sought. | |
| 19 | Average monthly amount of sales tax on electricity bills | |
| 20 | Sui Gas Account No (s) consumer No (s)/ Reference No (s), for which concessionary rate is sought. | - |
| 21 | Average monthly amount of sales tax on gas bills | - |
| 22 | Whether gas/ electricity meter(s) are installed at given manufacturing premises? | |
| | If no, then where installed? | |
| 23 | Are the gas/electricity connections in the name of taxpayer? | |
| | If no, in whose name these meters are installed? | |
| 24 | Is electricity / gas being used exclusively by the taxpayer or being supplied / shared with others? | |
| 25 | Whether electricity / gas are also being supplied to guest houses/ residential colony or others? | |
| | If yes, give details. | |
| 26 | What is the proportion of gas/ electricity being supplied to guest house/ residential colony? | |

| | | | |
|---|--|-------------------|-----|
| 26 | Whether the RP in whose name the electricity connections are installed is conducting business itself or the said premises has been rented out to others? If no, give details. | | |
| 28 | Average electricity consumption as % of average sale? | | |
| 29 | Average gas consumption as % of average sales? | | - |
| 30 | Is the production/output proportionate/ commensurate with the electricity & gas consumption? | | |
| 31 | Whether the applicant is active on FBR's ATL? | | |
| 32 | Gas and electricity Account nos. /consumer nos. /reference nos. already availing concessionary rate tariff. | | NIL |
| General Remarks of Concerned Association/ Respective Field Office Recommending the applicant for allowing reduce tariff rates or otherwise:- | | | |
| | | | |
| Documents attached: | | Mark 'Yes' | |
| Copy of latest electricity bill(s) | | | |
| Copy of latest gas bill(s) | | | |
| Annexure containing detail of machinery | | | |
| Any other supporting documents | | | |

NAME AND SIGNATURE(S) OF THE CHAIRMAN/PRESIDENT OF THE ASSOCIATION CONCERNED/ DCIR/ COMMISSIONER-IR CONCERNED:

| | | | |
|---|--|-----|----|
| Part-II- To be Filled by Export-oriented Sector Registration Cell, FBR | | | |
| 1 | Whether the Registration Profile of Taxpayer has been verified from the automated system with the report of Association? | Yes | No |
| 2 | Whether any miss-declaration is detected? If yes, give details. | Yes | No |
| GENERAL REMARKS OF REGISTRATION CELL OF FBR, RECOMMENDING THE APPLICANT FOR ALLOWING REDUCE TARIFF RATES OR OTHERWISE: | | | |
| | | | |

Name and signature(s) of officers of Registration Cell of FBR:

(ON COMPANY LETTER HEAD)

**UNDERTAKING
FOR
CONCESSIONARY RATE**

WE, M/s _____ Bearing N.T.N # _____ TMA Member Ship # _____ , is hereby undertake that the following connections of utilities **exclusively being used by the Taxpayer, M/s _____ (company name) premise located at _____ (complete company address).**

| S # | Name Appeared on bill | Customer # | Name of Utilities connection provider |
|-----------------|------------------------------|-------------------|--|
| <u>1</u> | | | |
| <u>2</u> | | | |

DECLARATION:-

Further we undertake that above mentioned particular are 100% accurate and proceed for the concessionary rate.

C.E.O Signature :- _____

Name of Chief Executive Officer :- _____

C.N.I.C # (Copy Attached) :- _____

Date :- _____

Company Stamp :- _____