



International
Labour
Organization

Enterprise Formalization Grant

APPLICATION FORM

Applicant Name: _____

Business Name: _____

Business

Address: _____

Business Sector: _____

Contact #: _____

Email: _____

Business Status: New ☐ Existing ☐

Since: _____

Business Registration Services Required

Select One

S#	Service Name	Select	Service Execution By	Maximum Service Provider Charges to be Reimbursed	Expected Official Charges
1	Sole Proprietorship	☐	Service Provider	10,000/-	--
2	Partnership Registration with Registrar of Firms	☐	Service Provider	15,000/-	--
3	Limited Liability Partnership Registration with SECP	☐	Service Provider	15,000/-	--
4	Private Limited Company Registration with SECP	☐	Service Provider	15,000/-	--

Add-On Services Required

Only applicable if applicant qualifies for Business Registration Services

Tax Registration

S/#	Service Name	Select	Service Execution By	Maximum Service Provider Charges to be Reimbursed	Expected Official Charges
1	NTN Registration	☐	Service Provider	5,000/-	--
2	Sales Tax Registration(FBR)	☐	Service Provider	10,000/-	--
3	Sales Tax Registration(SRB)	☐	Service Provider	10,000/-	--

Total Charges Include Service Provider's Fees and Official Charges

Reimbursement Note

Maximum Rs.25,000/- will be reimbursed in the heads of service provider charges to the limits listed in the above table and department/organization charges, subject to submission of proof of service completion along with proof of department/organization charges, service provider invoices, and payment thereof.

Disclaimer

Whilst SMEDA endeavors to provide services/information that is up-to-date, correct, and prepared with due diligence, SMEDA takes no responsibility of any kind, express or implied, regarding completeness, accuracy, reliability, suitability, or availability with respect to the services/information provided by SMEDA. Any reliance placed on such services/information shall be strictly at the applicant's own risk.

SMEDA Office	Applicant
Signature: _____	Signature: _____
Name: _____	CNIC #: _____
Date: _____	Date: _____