



PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS

Application for Licensing of Firm

1. I/We, (full name) _____ registered as Architect(s) /

Town Planner(s) having PCATP Registration Number(s) _____

respectively, desire to register an Architectural / Town Planning firm titled:

M/s _____

2. I/We hold _____% of the total ownership of the above titled firm which was established on

(Date) _____ and is located at (complete address) _____

Phone #: _____ Mobile #: _____ U.A.N #: _____

Email: _____ Website: _____

a) Type of Firm (Check one and submit relevant supporting documents)

- Proprietorship
- Partnership
- Corporation
- Private Limited Company
- Other (Please specify) _____

b) Category of the Firm (Check one)

(Category of the firm to be determined as per criteria stated in Firm Bye-laws revised 2018)

Categories A- Architecture	Categories P- Town planning
<input type="checkbox"/> Category A-1	<input type="checkbox"/> Category P-1
<input type="checkbox"/> Category A-2	<input type="checkbox"/> Category P-2
<input type="checkbox"/> Category A-3	<input type="checkbox"/> Category P-3
<input type="checkbox"/> Category A-4	<input type="checkbox"/> Category P-4
<input type="checkbox"/> Category A-5	<input type="checkbox"/> Category P-5



c) Details of Principal/Partner(s) of the Firm

MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____ % OF SHARE HOLDING; _____	MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____ % OF SHARE HOLDING; _____
MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____ % OF SHARE HOLDING; _____	MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____ % OF SHARE HOLDING; _____

(Use additional sheet if required)

d) Details of Staff Employed by Firm

MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____	MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____
MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____	MR/MS. _____ QUALIFICATION; _____ PCATP REGISTRATION NO. _____ DESIGNATION: _____

(Use additional sheet if required)

e) List of Major Ongoing Projects of the Firm

#	Name of the Project	Location	Date of Commencement	Expected date of Completion	Value in PKR

Use additional sheet if required

**f) List of Major Executed Projects of the Firm (Attach Completion Certificates*)**

#	Name of the Project	Location	Date of Commencement	Date of Completion*	Value in PKR

Use additional sheet if required

g) Documents Checklist (Attach documents as applicable):

- Copy of the valid computerized National Identity Card of the Principal/Partner(s)
- Copy of the individual NTN certificate of the Principal/Partner (s)
- Copy of professional qualification degree(s) of the Principal/Partner(s)
- Copy of the valid registration certificate of the Principal/Partner(s) with their respective Professional Councils
- Copy of a valid national tax number certificate of the Firm. **(NTN must be in firm's name for Proprietorship/Partnership/Pvt Limited)**
- Bank Account Maintenance Certificate from a scheduled bank in Firm's name
- Copy of Firm registration Certificate (SECP/Others) (if applicable)
- Registration Index Card** to be duly attested by Oath Commissioner or Notary Public
- Partnership Deed of the Firm** to be duly attested by Oath Commissioner or Notary Public
- List of technical staff/employees with the brief information about their experience, attendance record and pay record of last one year (as applicable)
- Documentary Proof of valid registration of technical staff with their respective Council(s)
- Covering Letter by the Firm on Letterhead (specific to the applied business area)
- Last original/copy of certificate of registration with PCATP (in case of upgradation)
- NOC addressed to Registrar PCATP, if already employed in Public Sector/Autonomous Body
- Copy of the documents with reference to the byelaw 120 (if it is applicable)
- Affidavit on Non-Judicial Stamp Paper** stating that

- (1) The information contained in the application form is true in all respect and the details, if any, about any actions taken by their Council regarding breach of the code of professional conduct of the respective council against or any of its partners, share-holders or proprietors.
- (2) (Your Firm Name) will provide only Professional (Architectural/Town Planning) Services, as approved by Council.
- (3) (Your Firm Name) will not change its name/ logo or any of its nomenclature prior obtaining approval from the Council.

Note: Only duly filled, updated, attested (where it is required) and complete documents will be acceptable. In case of submission of incomplete application form, no further scrutiny will be performed and application will be rejected for registration.



REGISTRATION INDEX CARD



For office use only Firm Registration No. _____

1. Firm Name: _____

2. Date of establishment: _____

3. Business Address: _____

Tel. No. _____ Email. _____

Fax No. _____ Income Tax No. _____

Paste here one passport size photograph of the Principal Architect/Town Planner of the Firm

4. Declaration:

I/ We, hereby solemnly declare that the particulars given on this form and the documents attached are true and correct in every respect and that if registered, I/ We undertake to be bound by the PCATP ordinance 1983, bye-laws of the council, the code of professional conduct, rules and regulations of the council and any amendments/alterations/additions made thereto from time to time.

Furthermore, I/we agree to facilitate and to provide any other document(s) that may subsequently be requested by the PCATP Enrollment Committee in order to satisfy any query the committee may have before the grant of registration of the above-mentioned firm for which official PCATP registration is being sought herein.

Name and 3 Specimen Signatures of Principal/Partner(s) of the Firm:

(1) **Principal Architect/Town Planner (as applicable):**

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(2) **Partner(s) (if applicable)**

(1) (2) (3)

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(1) (2) (3)

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Use additional sheet if required

Seal of Firm

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Attestation by Notary Public / Oath Commissioner

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**FEE STRUCTURE**

NON-REFUNDABLE APPLICATION PROCESSING FEE — Rs. 10,000/-		
	CATEGORIES	REGISTRATION FEE
1	A-1/P-1	Rs. 60,000/-
2	A-2/P-2	Rs. 50,000/-
3	A-3/P-3	Rs. 40,000/-
4	A-4/P-4	Rs. 30,000/-
5	A-5/P-5	Rs. 20,000/-
	CATEGORIES	ANNUAL SUBSCRIPTION FEE
1	A-1/P-1	Rs. 35,000/-
2	A-2/P-2	Rs. 30,000/-
3	A-3/P-3	Rs. 23,000/-
4	A-4/P-4	Rs. 20,000/-
5	A-5/P-5	Rs. 10,000/-

NOTE:

- 1) Validity of firm registration expires on 31st December (each year)
- 2) Renewal to be obtained before the due date i.e. 31st of December (each year)
- 3) Firm Registration will be **removed** if renewal is not obtained by 31st January
- 4) 50% late payment penalty shall be charged on the renewal amount in addition to the renewal fee, if renewal is obtained after 31st January
- 5) Fee structure may be revised from time to time, subject to the decision of Executive Committee

Application Processing and Registration Fee can be paid at any of the below mentioned PCATP Bank account(s) using conventional or online banking services.

	MEEZAN BANK, ISLAMABAD	UBL, KARACHI
Account Title	Pakistan Council of Architects & Town Planners	
Account Number	0104582807	0149-010-140-10
Branch Code	0333	0149
IBAN No.	PK42MEZN0003330104582807	PK24UNIL0112014901014010
NTN No.	3123405-4	3123405-4

OR

Submit a **Bank Draft or Pay Order** in favor of
PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS
(Please ensure not to use short form i.e. PCATP)

The duly filled Application Form and the requisite documents listed herein along with the fee receipt (in original) must be couriered or submitted by hand to the Council at:

REGISTRAR PCATP
Usman Center, 1st Floor, Office No. 7 – 12, D-12 Markaz, Islamabad.
Phone: 051-2706668

PCATP shall not be responsible for improper delivery and non-delivery of any documents.



PAKISTAN COUNCIL OF
ARCHITECTS AND TOWN PLANNERS
(Ordinance IX of 1983)

Head Office: Usman Center, 1st Floor, Office No. 7 - 12, D-12 Markaz, Islamabad, Postal Code: 45200.
Tel: 051-2706668-9 **Email:** registrar@pcatp.org.pk, **Web:** www.pcatp.org.pk

NOTIFICATION

It is to notify for the information of all concerned that as per the decision taken by The Executive Committee (2021-2023) of Pakistan Council of Architects and Town Planners in its 123rd Meeting; ***Biometric Verification via NADRA e-Sahulat service has been made a mandatory requirement for registration and renewal process of an individual member as well as for the firm.***

Please submit the verified data alongwith your application. No application will be entertained without verification w.e.f March 01, 2023. Please visit e-sahulat.nadra.gov.pk to locate your nearby franchise with a biometric facility.

This issues with the approval of Competent Authority.

Ar./Plnr. T. Sadia Fazli
Registrar

No. PCATP/ VERIFICATION/01-02/2023 dated: 1st February, 2023