

## Form for Computerized Membership Card (Please fill in block letters)

Membership #		Μ								
Representative Name		•				•				
Business Name										
Dusiness Ivanie										
Business Address										
CNIC #				-					-	
NTN # (Business)										
Valid up to	3	1	-	0	3	-	2	0		
										Bhotograph

I do hereby declare that this card will not be misused by me



Signature of Authorized Representative (Signatures should not touch the box lines)

(I D Card Fee Rs. 250/-)

Photograph

Code #

(For official use only)