



FRIENDS OF PIAF

Contact No. : 042-35123522

Serial No. _____

LCCI Membership No. _____

تصویر
Photo of
Chief Executive
Managing partner /
Proprietor & stamp of
Firm/Co.

1. Firm/Company Name _____

2. Name of Representative _____
(Any one of the Partners or Directors and in case of Proprietorship only Proprietor can be a representative of firm/company)

3. CNIC No. - -

5. Postal Address of Company / Firm _____

Business Premises is self owned _____ Rented _____ E-mail: _____

Ph.: Office: 042- 042- Fax:

Representative Mobile: - 2) -

6. National Tax No. - No. of Employees _____

7. Company Status : Proprietorship Partnership Pvt. Ltd Corporation

8. Business Type: Trading Importer Exporter Services Manufacturer
Retailer Wholesaler Departmental Store

9. Business Sector _____ Business Sub Sector _____

10. Main Commodity in which we deal _____

Proposed by

M/s. _____ Membership No. _____

Representative Name _____ Mobile #: _____

Signature

Stamp

Approved by

Chairman/Vice Chairman _____

