

ABAD I.D. Card Form

For the purpose of issuance of Identification Card for Members of ABAD

<hr style="width: 80%; margin: 0 auto;"/> <p>SIGNATURE OF HOLDER</p>

<p>AFFIX WITH GLUE COLOURED PHOTOGRAPH</p> <p>Size = 1 ½" X 1 ½"</p>

Please fill all the columns given below by Black Ink Pen												
Name: _____												
Designation: Proprietor _____ Partner _____ Director _____												
National Identity Card Number												
Name of Company/Firm												
Membership No.	FM _____					AM _____						
Office Address												
Cell No.												
Telephone Numbers												
Fax Number												
E-mail Address												
Website/URL												

Note: Kindly fill this form and return to ABAD with the copy of CNIC and 2 passport size photographs.

Dated: _____