



THE SIALKOT CHAMBER OF COMMERCE & INDUSTRY

P.O.BOX 1870, SHAHRAH-E-AIWAN-E-SANAT-O-TIJARAT, SIALKOT-51310, PAKISTAN

Tele (052) 4261881-3, Fax # +92-052-4268835, 4267919, Gram: Commerce

E-Mail : sialkot@scci.com.pk, Website : www.scci.com.pk

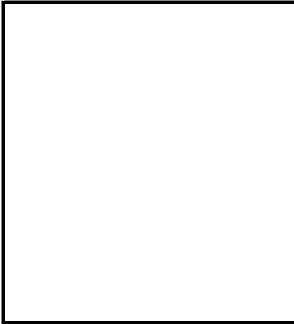
IDENTITY CARD FORM

(TYPE THE FORM IN DUPLICATE, USING CAPITAL LETTERS/WORDS)

1. Name of Member Firm _____

2. Bussiness Address _____

3. Membership No. **A** _____ **C** _____
4. Name of applicant. _____
5. Designation of applicant _____
6. N.T.N (National Tax No.) _____
7. N.I.C (National Identity Card No) _____
8. Date of Birth _____
9. Blood Group _____



Declaration:

I do hereby solemnly declare that the photograph and signature affixed on this form are true

10. **Signature of Applicant.** _____

For office use only:

1. Date of issue	_____ 2017 _____
2. Valid upto	_____
3. SCCI code #	_____ 31-03-2018 _____