



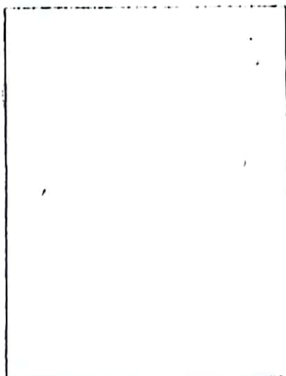
# WOMEN CHAMBER OF COMMERCE & INDUSTRY SIALKOT

SCCI Building, Paris Road, Sialkot-Pakistan Ph: +92-52-4264257, E-mail: sialkot@wccis.com.pk

## IDENTITY CARD FORM

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

1. Name of Firm \_\_\_\_\_  
\_\_\_\_\_
2. Business 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 \_\_\_\_\_



### 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	_____
2. Valid upto	_____
3. WCCIS code #	_____