



# National Health & Beauty Organization Islamabad

Office#06 SHAHNAWAZ PLAZA I-10 MARKZ ISLAMABAD

CONTACT:0300-9554634,0331-5075133 E-Mail:Nhbo2004@gmail.com

## MEMBERSHIP FORM

FORM No: \_\_\_\_\_

Must fill red star line

### Company/Firm data:

♦ 1 Name of Company. Firm: \_\_\_\_\_

♦ 2 Address: \_\_\_\_\_

Landline No.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ ♦ Mobil No.: \_\_\_\_\_

Web: \_\_\_\_\_ NTN No.: \_\_\_\_\_ GST No.: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

3 Manufacture, Importer, Exporter, Trader, Services: \_\_\_\_\_

A) Items of Manufacturing: \_\_\_\_\_

B) Trade: \_\_\_\_\_

C) Items of Trading / Services: \_\_\_\_\_

### 4 Personal Information:

♦ a). Name of Proprietor: \_\_\_\_\_ CNIC No. \_\_\_\_\_

♦ b). S/o, D/o, W/o: \_\_\_\_\_

♦ c) Res. Address as per CNIC: \_\_\_\_\_

♦ d) Res. Contact Number: \_\_\_\_\_

♦ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 5 Proposed by: (Name)

Signature: \_\_\_\_\_

Business Membership No. \_\_\_\_\_ Mobil No.: \_\_\_\_\_

### For Official Use Only:

Membership No. \_\_\_\_\_

Dated: \_\_\_\_\_

Certificate Issued on: \_\_\_\_\_

Membership Card Issued on: \_\_\_\_\_

- ♦ **Requirements:** a) 1 Pictures: b) Copy of CNIC & NTN Certificate and Last Tax Return (if any)  
d) Business Visiting Card c) Fees: (Membership: 1000 Card: 1000 Certificate: 1000) Rs, 3000/-

## RECEIPT

Received a Sum of Rs : \_\_\_\_\_ On Account of Membership/Cost of Membership  
certificate/Membership card From Mr. /Miss: \_\_\_\_\_ M/S: \_\_\_\_\_

Membership will be confirmed after the approval of membership committee of NHBO within  
three days of the receipt of membership application form. If not approved your fee will be  
refunded to you.