

THE SECRETARY

MULTAN CHAMBER OF SMALL TRADERS AND SMALL INDUSTRY (MCSTSI)

Chamber Office 29 Decent Market, Hassan Perwana Colony Multan
Email: Multanchamber.stsi@gmail.com, Phone # 061-4580000,4516111

REQUEST FOR MEMBERSHIP

Date: _____

My Name : _____

Business Name : _____

I AM WORKING IN SINGLE / MULTIPLE CITY

Head Office

Postal Address: _____ City: _____

Fax No. (Code+ Number) _____ Tehsil: _____

District: _____ E-Mail: _____

Land Line #: (Code) _____ (1) _____ (2) _____

Mobile #: (1) _____ (2) _____

CNIC#: _____ - _____ - _____ NTN #: _____

*STRN#: _____

Business Activities _____

Name of Authorized Representative (in Case AOP) _____

CNIC No. _____ Designation _____

Detail of Partners		
S. No.	Name	CNIC
1		
2		
3		

I hereby confirm that the above given information is Correct. I request to register me as a Member of Multan Chamber of Small Traders and Small Industry (MCSTSI). I do commit that I shall follow the rules & regulations set by Multan Chamber of Small Traders and Small Industry (MCSTSI).

Applicant Signature & Stamp