



Picture of Applicant

# Membership Form

Date. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Father Name \_\_\_\_\_

Email \_\_\_\_\_

Qualification \_\_\_\_\_

Phone Number \_\_\_\_\_

CNIC \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

CNIC Address \_\_\_\_\_

Present Address \_\_\_\_\_

Describe Your Social Activity.

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Describe About Your Costumer Place.

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- 1) Submit this form with your CNIC copy.
- 2) This form validity is 365 days.
- 3) Submit this form with fee (Rs 3000). If you send this fee on any otpl.pk account  
Fill it with transaction I'd number

After filling this form send on this address.

- 4) Write refrel name \_\_\_\_\_
- 5) After Submission this form will active you in 48 hours.
- 6) If any case of under cross or any complain otpl.pk has authority to remove you? OK/NO

Mobicash 03041912084/Easy Pisa 03166571658/Meezan bank, Atta Ur Rehman = 6001-0103375908

TPL Office By-pass Road Model City Gate Lodhran Zip Code, 59320

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