



**FREE LEGAL AID SOCIETY FOR THE HELPLESS**

## **FRIENDS OF FLASH**

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

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

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Father/Spouse Name: \_\_\_\_\_

CNIC No. (Mandatory): \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

Qualification: \_\_\_\_\_

Postal Address: \_\_\_\_\_

How can you help FLASH? \_\_\_\_\_

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

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