

## KARACHI TIMBER MERCHANTS GROUP

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## Members Data Collection Form

Dear Sir.

You are requested to please provide the following information to complete your information for record.

Thanking you, Yours faithfully



Membership No.:	Firm Name:
Representative Name:	Representative CNIC No.:
NTN No.:	Address:
Telephone/s:	Fax:
Mobile:	Whatsapp:
E-mail:	Web Site:
> Nature of business. Please specify ma	ain business.
Signature:	Seal of the Firm: