



Pakistan Institute of Public Finance Accountants

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PIPFA needs necessary particulars of its valued Members for further improving the services including e-communication, web-based interaction and compliance with legal requirement for maintaining essential records. Kindly provide the following information and send it at the above address.

1. Name Mr. Mrs. Miss. _____

2. Father's /Husband's name _____

3. Date of Birth ____ -- ____ -- ____ N.I.C No. _____ Computerized _____
dd mm yyyy Manual ____ -- ____

(In case Computerized Card not obtained)

4. Address Office:

Designation: _____

Organization: _____

City _____

5. Address Residence: _____

City _____

6. Mailing Option: Office Residence

(Please Tick)

7. Communication Links:

Telephone Office: _____ Residence: _____

Mobile: _____ Fax #: _____

E-mail: _____

8. Occupation:

(Please tick)

Self-Employed Sector Govt. Nature Industry

Business Public / Semi Govt. Trade

Job Private Services

9. Qualification:

ICAP/ICMAP:.....
(Please specify, if partly qualified or fully qualified but membership not obtained)

Academic: MBA/M.Com/ B.Com
(Please specify graduation and higher qualifications)

Others
(Please Specify)

10. Professional Membership:

PIPFA (FPA/APA) _____ ICAP (Fellow/Associate) No: _____

ICMAP (Fellow/Associate) No: _____ Others _____
(Please Specify)

Date: _____

Signature: _____