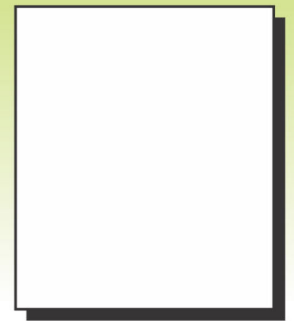




RCCI DELEGATIONS Registration Form



Personal Information

Full Name:

DOB

RCCI Membership No.

CNIC Number:

Cell No.

Telephone:

Fax:

Passport No.

Date of Expiry

Email:

Website:

Business Information

Company Name:

Preferred Mailing Address:

Type of Business

Are you involved in Imports and Exports Business

If Yes, Plz Specify the Countries

Tax Paid Last Year

Personal Bank Statement (Existing Balance)

Company Bank Statement (Existing Balance)

Travel Information

Countries Already Visited

Refusals (if any)

Country to be Visited

Processing Fee

Security Fee

Signature of the Applicant

Delegation Facilitator
(Stamped)

To Be Filled By Membership Department

Membership No.

Since

Validity

Verified by

Name

Signature & Dated:

Receipt Number:

Amount Received

Cashier Signature & Dated

Scrutiny Team

Remarks International Affairs Department

Remarks Scrutiny Team Head