

## Application For Membership

THE SECRETARY GENERAL  
S.I.T.E ASSOCIATION OF INDUSTRY

Dear Sir,

We wish to be enrolled as Member of your Association and furnish the following information

**Name of Organization:** Public user

**Status of the Company:**

**(Proprietorship / Private Limited / Public Limited / Partnership)**

**Industrial Activity:**

**Dated:** 2022-12-03

**Factory Plot No.:**

**Factory Address:**

**Tel:**

**Email:**

**Mobile:**

**Office Address:**

**Tel:**

**Email:**

**Mobile:**

- 021-32560704-5
- sg@site-association.org
- <https://www.site-association.org/>

|                         |
|-------------------------|
| <b>Mailing Address:</b> |
| <b>Tel:</b>             |
| <b>Email:</b>           |
| <b>Mobile:</b>          |

|                 |                     |                     |
|-----------------|---------------------|---------------------|
| <b>Total: 0</b> | <b>Permanent: 0</b> | <b>Temporary: 0</b> |
|-----------------|---------------------|---------------------|

**Authorized Representative On The General Body of Association:**

|                                    |                     |                |              |               |
|------------------------------------|---------------------|----------------|--------------|---------------|
| <b>Name of Director / Partner:</b> | <b>Designation:</b> | <b>Mobile:</b> | <b>CNIC:</b> | <b>Email:</b> |
|------------------------------------|---------------------|----------------|--------------|---------------|

**Focal Person:**

|                                     |                |
|-------------------------------------|----------------|
| <b>Name:</b>                        |                |
| <b>Designation:</b>                 |                |
| <b>Mobile:</b>                      | <b>Email:</b>  |
| <b>Date of Company established:</b> | <b>NTN No:</b> |

**Proposed by:**

**Seconded by:**

**(Proposer and Seconder should be Authorized representatives, duly registered, with the S.I.T.E Association of Industry)**

**Company Name:**

**Membership No:**

**Company Name:**

**Membership No:**

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