

Total CLUB CARD Application Form

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| FORM NO. 00001 | | |
| CLUB CARD CATEGORY | | |
| Club Card Category <input type="radio"/> Post Paid <input type="radio"/> Pre Paid | | |
| CLUB CARD CUSTOMER INFORMATION | | |
| <small>For Pre Paid customers</small> | | |
| Title <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Other <input type="text"/> | | |
| First Name | Middle Name | Last Name / Surname |
| Full Name (to appear on card) Fill in block letters | | |
| Date of Birth (DD/MM/YYYY) | CNIC No. <small>Kindly attach a copy of CNIC</small> | |
| Home Address | | City |
| | | Postal Code |
| Tel No. | Mobile No(s) | Email |
| Business Address | | City |
| | | Postal Code |
| Tel No. | Fax No. | Email |
| <small>Kindly fill the Card Order Form with this form</small> | | |
| <small>For Post Paid customers</small> | | |
| Company Name | | |
| Business Address | | |
| City | | Postal Code |
| Tel No(s). | | Fax No(s) |
| Email | | Website |
| Nature of Business | | |
| <input type="radio"/> Agriculture | <input type="radio"/> Construction | <input type="radio"/> Education |
| <input type="radio"/> Pharmaceuticals | <input type="radio"/> Banking/Financial Institutions | <input type="radio"/> Manufacturing |
| <input type="radio"/> Food & Beverages | <input type="radio"/> Textiles | <input type="radio"/> Services |
| <input type="radio"/> Other (please specify) <input type="text"/> | | |
| Corporate Status | | |
| <input type="radio"/> Listed Public Ltd. | <input type="radio"/> Unlisted Public Ltd. | <input type="radio"/> Private Ltd. |
| <input type="radio"/> Partnership | <input type="radio"/> Government | <input type="radio"/> Sole Proprietorship |
| <input type="radio"/> Other (please specify) <input type="text"/> | | |

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| National Tax No. (NTN) <small>Kindly attach NTN certificate copy</small> | Sales Tax Registration No. (STR) <small>Kindly attach STR certificate copy</small> |
| Date of business incorporated Year (YYYY) Month (MM) | |
| Contact Person for billing | |
| Name | Designation |
| Tel No. | Mobile No. |
| Billing Address (if different from mailing address) | Authorized Company Stamp |
| Documents to be submitted (for Post Paid) | |
| <input type="radio"/> Company Profile | <input type="radio"/> Bank Statement |
| <input type="radio"/> Audited Financial Statement | |
| <input type="radio"/> Other (please specify) <input type="text"/> | |
| DEPOSIT DETAILS | |
| Mode of Deposit | |
| <input type="radio"/> Pay Order | <input type="radio"/> Demand Draft |
| <input type="radio"/> Other (please specify) <input type="text"/> | <input type="radio"/> Cheque |
| Instrument No. | Date (DD/MM/YYYY) |
| Security deposit for Pre Paid Card(s) (in Rs.) | |
| In words: <input type="text"/> | |
| Security deposit for Post Paid Card(s) (in Rs.) | |
| In words: <input type="text"/> | |
| <small>* By signing below, I agree to the Terms & Conditions</small> | |
| ** Authorised Signatory | |
| Name | Designation |
| Signature | |
| Date (DD/MM/YYYY) | |
| ** Authorised Signatory | |
| Name | Designation |
| Signature | |
| Date (DD/MM/YYYY) | |
| <small>* Terms & conditions are printed on the back of this form</small> | For Office Use Only |
| <small>** For Post Paid customers both fields to be filled (if applicable). For Pre Paid customer only single field to be filled.</small> | TPPL Club Card Sales Executive Signature |

