



# 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 (FPFA/APFA) \_\_\_\_\_ ICAP (Fellow/Associate) No: \_\_\_\_\_

ICMAP (Fellow/Associate) No: \_\_\_\_\_ Others \_\_\_\_\_

(Please Specify)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_