

VEHICLES PARKING REGISTRATION FORM

NAME : _____

FATHER'S NAME : _____

MEMBERSHIP NO. : _____

CNIC NO. : _____

VEHICLE NUMBER : _____

VEHICLE MAKE & COLOUR : _____

ORGANIZATION : _____

ADDRESS : _____

CONTACT : Phone Office: _____ Fax: _____ Cell: _____

E-mail address: _____

DUES CLEARED UPTO : _____ (Kindly note that the Parking Sticker will be issued subject to clearance of dues up to 2020).

Yours faithfully,

Signature of the Member

Note : Following documents must accompany the application:

1. COPY OF CAR REGISTRATION DOCUMENT
2. AUTHORITY LETTER IF THE CAR IS NOT IN YOUR NAME
3. KTBA RESERVES THE RIGHT TO REVOKE THE STICKER
4. STICKER IS VALID UP TO 31ST DECEMBER, 2020

For Office Use :

Approved by _____

Date of issuance of Sticker _____