EMPLOYERS' FEDERATION OF PAKISTAN
The Apex Body of Employers

Pakistan Business and Disability Network

FORM ID

DATE

MEMBERSHIP APPLICATION FORM

ORGANIZATIONAL INFORMATION

ORGANIZATION NAME

FULL ADDRESS

TELEPHONE NO.

MOBILE NO.

EMAIL

WEBSITE

EMPLOYEES

PWD EMPLOYEES

TYPE OF ORGANIZATION

- ☐ MULTINATIONAL
- ☐ NATIONAL
- ☐ NGOS
- ☐ SMES
- ☐ ASSOCIATIONS
- ☐ GOVT. INSTITUTE/ORGANIZATION

FOCAL PERSON INFORMATION

CEO/MD ORGANIZATION

FOCAL PERSON

EMAIL ADDRESS

TELEPHONE NO.

MOBILE NO.

SECONDARY CONTACT

EMAIL ADDRESS

TELEPHONE NO.

MOBILE NO.

MEMBERSHIP AGREEMENT

We agree to abide by the decision of PBDN in respect of the application.

SIGN & STAMP

NAME

DESIGNATION