



# The Institute of Corporate Secretaries of Pakistan

(Incorporated Under Companies Act 2017 Limited by Guarantee)

## Membership Form

Reg. No.	S	-					
Final Exm. Attended:							

Attach your recent photograph

<b>Personal Information:</b>							
Name:							
Father's Name:							
Date of birth:				Age:		Religion:	
Nationality:				CNIC No.		-	

<b>Residential Information:</b>							
Address:							
Phone:		Cell:		Email:			

<b>Official Information:</b>							
Organization Name:							
Designation:				Department:			
Address:							
Phone:		Fax:		Cell:			
Email:				Web:			

<b>Qualifications (both academic and professional):</b>				
S.	Examination	Board/University/Institute	Year	Grade/Div.
1				
2				
3				
4				
5				
6				

<b>Professional Experience:</b>					
S.	Job Title	Organization		Period	
		Name	Address	From	To
1					
2					

3					
4					
5					
6					

### References:

**Name and Address of 2 persons (members of ICSP or other professional institute of similar status) for Reference:** *We, the undersigned to the best of our personal knowledge, do recommend him as a fit and proper person to be admitted as a member of the Institute of Corporate Secretaries of Pakistan.*

Name:	Name:
Membership:	Membership:
Job Title:	Job Title:
Organization:	Organization:
Contact No:	Contact No:
Address: _____	Address: _____
Signature:	Signature:

### Formal Application for Membership:

I hereby apply for admission as  **Licentiate Member**  **Associate Member**  **Fellow Member** of the Institute of Corporate Secretaries of Pakistan and do agree, if admitted, to be bound by the Articles of Association, and any subsequent amendments and/or alterations thereof which may be made, and Bye-Laws and/or Regulations made or to be made effective subsequently.

I warrant that I have truthfully filled the information required in this form. I hereby authorize the Institute of Corporate Secretaries of Pakistan to take up such references and make such enquires as are necessary to consider this application.

I have attached the following documents to fulfill the requirement of membership:

1. Copy of CNIC
2. Experience Certificate (at least of 3 years for Associate Membership)
3. 2 Recent photographs and a soft copy in JPG format
4. Updated CV
5. Receipt of remittance of Rs. \_\_\_\_\_.

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

**Signature of Applicant:** \_\_\_\_\_

### Approval of Membership:

S.	Committee	Remarks	Signature & Date
1			
2			
3			