



**Management
Association of
Pakistan**

INDIVIDUAL MEMBERSHIP RECORD UPDATE FORM
PLEASE PROVIDE ALL THE INFORMATION IN BLOCK LETTERS

3rd Floor, "K-House", Plot No. 1-C, Khayaban-e-Shahbaz, Lane-4, 26th Street, Phase-VI, DHA, Karachi - 75500.
Email: info@mappk.org | mapmis@mappk.org | Phone No: 021-35172431-4 | Fax No: 021-35175432
Website: www.mappk.org

Name: _____ Father's/Spouse's Name: _____ Membership # _____

Gender	Date of Birth	Age	C.N.I.C											
<input type="checkbox"/> Male <input type="checkbox"/> Female	DD / MM / YYYY													

Qualifications: _____ Occupation: _____ Mobile # _____

Home Phone #: _____ Personal E-mail: _____

Home Address: _____

City: _____ NTN #: _____

ORGANIZATION / BUSINESS INFORMATION

Name of Organization: _____ Designation: _____

Organization Address: _____ City: _____

Phone #: _____ UAN#: _____ Official E-mail: _____

Note: Please attach the following:

- CNIC
- C.V
- Passport size photograph
- * **Affidavit** (to be printed on Stamp Paper Rs.50 and attested by an Oath Commissioner, **Mandatory**)

**Select the Address that should be used
in any future correspondence.**

HOME OFFICE

*Visit the link: bit.ly/2PTvvvu to download the Affidavit Form

Dated: _____

Signature: _____