

# BECOME A MEMBER OF IBA-ADRIC

## REGISTRATION FORM

### Organization Details

Organization Name

Address

NTN/FTN

City

Postal Code

Country

Contact Person

Position

Email Address

Phone Number

Mobile Number

### Membership Type (Please tick one)

**Individual Membership**  
PKR 30,000 + 5% SST  
Valid for one year from the date of registration

**Organizational Membership**  
PKR 250,000 + 5% SST  
Valid for one year from the date of registration

### Payment Details

Demand Draft/Pay Order     Direct Deposit     Online Payment

Receipt Number/Cheque Number/Deposit Slip Number/Transaction ID

Note: Please attach payment proof along with this registration form.

## Account Details

Bank Name

**Meezan Bank Limited**

Account Name

**IBA Karachi**

Account Number

**PK 43 MEZN 00 9911 0101960067**

Swift Code

**MEZNPKKA**

### Membership Benefits Acknowledgement (Please tick):

I have read, understood, and agree to the terms and benefits of ADRIC membership as outlined in the membership brochure.

### Declaration

I hereby confirm that the information provided above is true and accurate to the best of my knowledge.

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**Signature**

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**Date**

## For Office Use Only

Membership Approved By

Membership Number

Date