Dated:	
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The Chairman
Pakistan Hotels Association
Suite No. 01, Ground Floor
Shafi Court
Mereweather Road, Civil Lines
Karachi-75530

Dear Sir, We hereby apply for Membership of Pakistan Hotels Association. Enclosed find Rs. In Cash/Cheque No	<u>SHIP</u>
find Rs. In Cash/Cheque No	
Hotel / Restaurant: Address: Telephone No: Fax No: Email: Website: Name, Designation & NIC No. of Representative for PHA Contact: NTN No. of Hotel Sales Tax Registration No. Hotel: Date of Establishment: Total No. of Rooms: Single Double Suite Category Star Snack Bar Western Eastern Chinese Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Signature & Signature	-
Address: Telephone No: Fax No: Email: Website: Name, Designation & NIC No. of Representative for PHA Contact: NTN No. of Hotel Sales Tax Registration No. Hotel: Date of Establishment: Total No. of Rooms: Single Double Suite Category Star Snack Bar Western Eastern Chinese Name of Owning Company:	
Telephone No: Fax No: Email: Website: Name, Designation & NIC No. of Representative for PHA Contact: NTN No. of Hotel Sales Tax Registration No. Hotel: Date of Establishment: Total No. of Rooms: Single Double Suite Category Star Snack Bar Western Eastern Chinese Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Froposed By: Member of the Association Name: & Signature Establishment: & Signature Establishment:	
Telephone No: Fax No:	
Name, Designation & NIC No. of Representative for PHA Contact: NTN No. of Hotel Sales Tax Registration No. Hotel: Date of Establishment: Total No. of Rooms: Star Single Double Suite Category Star Snack Bar Western Eastern Chinese Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Finance Controller: Proposed By: Member of the Association Name: & Signature Establishment:	
Representative for PHA Contact: NTN No. of Hotel Sales Tax Registration No. Hotel: Date of Establishment: Total No. of Rooms: Single Double Suite Category Star Snack Bar Western Eastern Chinese Name of Owning Company: Chairman:	
Sales Tax Registration No. Hotel: Date of Establishment: Total No. of Rooms: Single Double Suite Category Star Snack Bar Western Eastern Chinese Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Froposed By: Member of the Association Name: & Signature Establishment: & Signature Establishment: Signature Signature Establishment: Signature S	
Hotel: Date of Establishment: Total No. of Rooms: Single Double Suite Category Star _ Snack Bar Western Eastern Chinese Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Proposed By: Member of the Association Name: & Signature Establishment: & Signature Establishment: & Signature Establishment: Suite Star	
Single Double Suite Category Star _ Snack Bar Western Eastern Chinese Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Proposed By: Member of the Association Name: & Signature Establishment:	
Snack Bar Western Eastern Chinese Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Proposed By: Member of the Association Name: & Signature Establishment:	of Rooms:
Name of Owning Company: Chairman: Managing Director: General Manager: Finance Controller: Proposed By: Member of the Association Name: & Signature Establishment:	ry Star
Chairman: Managing Director: General Manager: Finance Controller: Proposed By: Member of the Association Name: & Signature Establishment:	Chinese
Proposed By: Member of the Association Name: & Signature Establishment:	
Member of the Association Name: & Signature Establishment:	
Seconded By: Member of the Association Name: & Signature Establishment: Address:	re

Yours faithfully,

OWNER OR ITS ATTORNEY

(RUBBER STAMP OF ESTABLISHMENT)