



SHIFA INTERNATIONAL HOSPITALS LIMITED

SHIFA CARD APPLICATION FORM FOR SHAREHOLDER

Maximum economy on all the services and facilities at Pakistan's Foremost Healthcare Institution

Full Name as per CNIC (20 Characters)	Folio No./ CDC A/C No.
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Computerized National ID Card No.									-										-
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Date of Birth:				-							MR No.					
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Mailing Address:																		
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Phone No.	Cell No.	E-mail:
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Marital Status:	Single	Married	Occupation:	Self-Employed	Salaried	Other _____
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Job/Title/Business																		
Office/Business Address																		
Office Phone No.																		

Dependants can avail the same discounts as the Shareholder:

Dependant's details are as under:

Sr. No.	Dependant's Name	Relationship	Age	MR No.

Your Card should be sent to:	Home	Office	Collect Personally
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Shareholder's Signature:		Date:
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FOR OFFICE USE ONLY

Membership Since:				-							
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Sign & Stamp