

ALL PAKISTAN RESTAURANT ASSOCIATION

MEMBERSHIP FORM

APRA Registration No: _____ Date: _____

Company Name: _____

Restaurant Name: _____ Type of Business: _____

Owner Name: _____ Mobile: _____

Authorized Representative: _____ Designation: _____

Mobile: _____ Email: _____

NTN No: _____ ST No: _____

Owner / Authorized Representative CNIC: _____

Category		Restaurant		Catering		Services / Others
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In case of restaurant:

Type of Restaurant		Fine		Fast Food
		Buffet		Ala Carte
Offering		Break Fast		Lunch
		Hi Tea		Dinner

In case of Catering:

	Catering only		Catering with Food
	Number of Person		Number of Person

In case of Services:

Service Provider Name	Contact No
Services for	

Address:		Seating Capacity	Fees
		Less than 50	Rs. 5000/= per year
Mailing Address:		More than 50	Rs. 10000/= per year
		More than 100	Rs. 15000/= per year
Phone No:		Service Provider	Rs. 50,000/= per year
Other Contact No:		Email:	
Email:		URL/FB Page:	

Please process the membership form as I agree to the memorandum and articles of "All Pakistan Restaurant Association" and I will abide by the rules and regulations of the association.

Date:		Name:	
Stamp/Seal:		Signature:	

Proposer Name:		Signature:	
Representing M/s.			