



The Surgical Instruments Manufacturers Association of Pakistan

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PART – I

Particulars of Nominated Representative:

Name of the Company: _____

Address: _____

Tel No: Fax No: _____ **Fax No:** _____

Authorized Nominee: _____

Nominee's Status: _____ **National Tax No:** _____

Computerized National Identity Card No: _____

PART – II

Two Specimen Signatures

of the Nominee

Photograph
of Nominee

