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## **Donor Registration Form**

Date		SB # (for HELP office use only)		
☐ Individual		Organization / Institution		
Filled By Don	or:			
Name  CNIC No:  Contact Person	-	-	CNIC Expiry Date	
Address:				
Home / Street				
Tehsil		District	City	
Province		Postal Code		
Fund Type:				
Financial	Amount			
☐ In-Kind	Details			
Date Signature of		of the Applicant		
		For HELP Office Use	Only	
Approving Authority:			SB#	
Company Secretary			Evaluated by _	
CFO (Chief financial officer)			CEO _	
Date _		_		HELP OFFICE Signature with stamp