

## Virtual Agent Registration Form

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

NTN No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact No: \_\_\_\_\_ CELL: \_\_\_\_\_

Email: \_\_\_\_\_

Profession: \_\_\_\_\_

Company Name/ Address (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

### **For Office Use**

Bank Acct. No./ C.R.No: \_\_\_\_\_ Date: \_\_\_\_\_

Code: \_\_\_\_\_

Controlled By: \_\_\_\_\_

Initial Deposit: \_\_\_\_\_

\_\_\_\_\_  
Sign & Stamp of DSM/PSM

\_\_\_\_\_  
Sign & Stamp of Finance Manager

Approved By: \_\_\_\_\_

**Note:** All Field are mandatory.

Kindly fill the form and email it to: **[khisapk@piac.aero](mailto:khisapk@piac.aero)**