



Pakistan Business Council Sharjah

Membership Form

Personal Information

Full Name:_____ Date of Birth:_____
Nationality:_____ Passport Number:_____
Contact Information:_____ Phone Number:_____
Email Address:_____ Address:_____

Business Information

Business Name:_____ Business Type:_____
Business Registration Number:_____
Business Address:_____
Website:_____

Membership Type

Select Membership:

☐ Individual Member ☐ Corporate Member ☐ Associate Member

Sponsorship Details

Sponsoring Member Name:_____
Sponsoring Member Contact Information:_____

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of the Pakistan Business Council Sharjah.

Signature:_____ Date:_____

Payment Information (Membership Fee AED)

Individual Member_____ Corporate Member_____ Associate Member_____

Payment Method ☐ Bank Transfer ☐ Cash ☐ Cheque

For Office Use Only

Membership Application Received On:_____
Approved By:_____
Membership ID:_____

Note: Attach Your Picture, Business License Copy, Passport, Visa Emirates ID Copy