APPLICATION FORM SPECIAL REBATE CARD

Canteen Stores Department

The Caring Store

BarCode

Photograph to be pasted here (1 X 1 Size)

Note: All fields are mandatory.

Application Type: ☐ New ☐ Duplicate ☐ Modification

Service No

1

Rank

2

Corps/Services

3

Unit/Formation

4

Applicant Name *(As you would like it to appear on card)*

First Name

5

Last Name

CNIC No

6 —

Contact No

7

It is certified that the indl is married and living in Govt. accn

Unit Stamp

CO / OIC Signature with official stamp

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