

ASSOCIATION OF PROFESSIONAL EDUCATION CONSULTANTS OF PAKISTAN (APECOP)



INTEGRITY – EXCELLENCE – SERVICE

Membership Form

Please complete and send back this registration form (3 pages), **by e-mail, fax or post to:**

Syed Abidi
Chairman, APECOP
Office # 1-D, Craze 1 Plaza
Main Boulevard, DHA,
Lahore (Pakistan)
Tel: (+92-42) 6621429 / 8712346
Fax: (+92-42) 6612348
Email: chairman@apecop.com.pk

1. Full Name of Owner/ Director/ Proprietor		
2. Name of Company Sole Proprietorship <input type="checkbox"/> Private Limited <input type="checkbox"/>		
3. Full Postal Address		
Telephone Number:	Fax Number:	Email:
4. Main Key Person dealing with Official Matters		
Telephone (Landline):	Mobile:	Email:

5. Bank Account Details:				
Title of Account				
Account #				
Bank Name				
Address				
6. Area of Operation with Head Office & Branches:				
<u>Head Office</u>		<u>Branches</u>		
		i. _____		
		ii. _____		
		iii. _____		
		iv. _____		
		v. _____		
7. Do you offer franchise Agreement? If so please describe.				
8. Number of Staff:	Head Office	Branches		
TOTAL NO: _____				
9. Qualifications & Training of Staff (Please specify e.g. BC trained, UK trained, etc.)				

10. Office Facilities Available: (Please ✓ or ✗)	Phone	Fax	Internet	Separate Area for Counselling
HEAD OFFICE				
BRANCH OFFICE(S)				

<p>11. Do you provide English Language Training facilities? Please describe.</p>	
<p>a. Specify Charges: _____</p> <p>b. Do you wish this information to be displayed on APECOP website. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>12. The Countries you represent?</p>	
<p>Universities / Institutions</p>	<p>Country</p>
<p>13. Do you have proper contract / certification to represent them?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no please describe the basis of your business.</p> <p>_____</p> <p>_____</p>	

<p>NOTES / INSTRUCTIONS</p>
<p>All applicants should provide following documents with the application form:</p> <ul style="list-style-type: none"> a. Copy of CNIC b. Curriculum Vitae of Director / Key person c. Two photographs d. Prescribed Membership Fee PKR 25,000 in shape of Pay Order / Cross Cheque in the name of APECOP. e. NTN Number / Company Registration Number f. A covering letter confirming the universities they represent and the validity of their contracts.

Signature: _____

Dated: _____