## LEGAL PROTECTION

# REGISTRATION FORM

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| --- | --- |
| Today’s date: | File #: |
| PERSONAL INFORMATION |
|  Last name: | First:  | Middle: | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Marital status (circle one) |
| F. Name:  | Single / Mar / Div / Sep / Wid |
| Is this your legal name? | If not, what is your legal name? | (Former name): | Birth date: | Age: | Sex: |
| ❑ Yes | ❑ No |  |  |  / / |  | ❑ M | ❑ F |
| Mailing/ Present Address:  | CNIC  | Home phone no.:  |
|  |  |  |
| Cell Number:  | Secondary Number :  | Others: |
|  |  |  |
| P.O. box:  | City:  | State: | ZIP Code:  |
| Email:  | Facebook:  | Twitter:  | Instagram:  |
| YouTube:  | Website:  |  Others  |  |
| Occupation:  | Employer: | Employer phone no.: |
| Choose /Referred by (please check one box): |  | ❑Home /Work Place Visit |  |  |
| ❑ Family | ❑ Friend | ❑ Close to home/work | ❑ Website | ❑ Other | Social Media: |
| Other family members registered LPC: |  |
| selection about Plan/ |
| Please select plan? | ❑ Individual | ❑ Family | ❑Firm/Company | ❑ Int.Company | ❑ Overseas Pak |
| Are you aware of LPC services:  | Have you read the services IEC  | Have you visited the Website  | Are you using FB  | Have you seen info about LPC | Do you know anyone in Service office  |
| Yes No  | Yes No  | Yes No  | Yes No  | Yes No  | Yes No  |
| **Family INFORMATION** |
| If Family ( Family Mem Names) | Age : | Birth date: / / / / / / / / / / | CNIC no.: | Contact no.: | Email:  |
|  |  |  / / |  |  |  |
| IN CASE OF EMERGENCY |
| Name of local relative/Friend (not living at same address): | Relationship: | Home phone no.: | Work phone no.: |
|  |  | ( ) | ( ) |
|  |  |  |  |
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| **Payment** |
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| **Registration Fee:**  | **Bank Details**: Title: Legal Researchers Account # 0321-0981-005834-01-05 , Branch code: 0321Bank Al Habib limited, G-11 Markaz, Islamabad, PakistanOverseas can Avail foreign currency account Number for payment  |
| Annual Fee :  | 1St Installment:  | 2nd Installment :  | Final Installment : |
|  |  |  |  |
| Date:  | Date :  | Date:  | Date:  |
|  |  |  |  |

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|  | Applicant signature: | Registration Officer Signature: | Project Manager Signature |  |