Date				
Pakistan Insuran 30-B Lalazar Dr M.T Khan Road Karachi.	ive			
Dear Sirs				
Forms to CII				
You are requeste	ed to please arrange t	o forward the	following to CII, Londo	n.
Application / En	try form	<u>Y/N</u>	Unit Co	<u>ode</u>
Accreditation gra	anted letter			
Accreditation of	prior learning form			
Subscription lett	er			
Election form				
Any other (Pleas	se specify)			
Testimonials / D	ocuments:			
Cheque / Draft fo	or Rs dat	ed	equivalent of £	is enclosed.
Kindly acknowle	edge receipt.			
Yours faithfully				
Name:			PII No	
PIN Code:				
Contact Details:				
	Receipt No.		Dated	
	receibt 140		Dawu	