



Membership Form for NGO

Name of Organization:	
Year of Foundation:	
Registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration No:	
Year of Registration:	
Register under (Please specify the act):	
Place of Registration:	
Registered address of Head Office:	
NTN:	
Web Address:	
Telephone No.(s):	
Contact Person:	
Email Address:	
Contact No:	

Main areas of operation:

Poverty Alleviation (SDG 1) Health (SDG 3) Education (SDG 4)

Gender Equality (SDG 5) Environment Protection (SDG 13)

Please provide brief information about the last three projects by your NGO:

S. No:	Project Name	Project SDG	Area	Purpose	Start Date	End Date	Funds allocated
1							
2							
3							

Payment details:

By Account Transfer By Cheque or Bank Draft (No. _____)

Please submit the registration fee of Rs. _____ in the following account:

Account Title: United Nations Association of Pakistan

Account No: 1005-0981-038416-01-9 | IBAN No: PK03BAHL1005098103841601

Bank: Bank Al Habib | Branch Name: Zamzama | Branch Code: 1005

Terms and Conditions:

1. Applications submitted for membership of the United Nations Association of Pakistan (UNAP) via website (www.una.org.pk) or via UNAP Headquarters is subject to review by UNAP. The decision made after due process of verification will be communicated to the applicant in writing as soon as possible after the application is received.
2. The confidentiality of the data provided by you will be ensured at all levels. Any information pertaining your organization is solely for evaluation purposes and no part of it shall be disclosed to any unconcerned individual or entity outside UNAP.
3. Any financial aid to the members is subject to proper review of the project as per the procedures and policies of UNAP and availability of funds.
4. All information provided in this form must be accurate and complete.

Please attach the following documents along with the membership form:

1. NTN / Registration certificate
2. Organization Chart
3. Names and numbers of the members of the Board of Governors
4. CNIC of the contact person

I, _____, authorized signatory for _____, hereby confirm that the information provided in this form and the documents attached with it are authentic and true to the best of my knowledge.

Signature:

Stamp:

Date: / /