



Date _____

Application Form for ID Card

1.	Name of Applicant			
2.	Designation	Date of Birth	Blood Group	
3.	Agency Name & Address			
4.	Tel	Mobile		
5.	Email	Website		
6.	TIN No			
7.	One copy passport size photography.			

Signature with Seal	Specimen Signature of Applicant (Middle Space)

FOR ATAB OFFICE USE ONLY (ACCOUNTS)

MR. No.	MR. Date:
ID Validity Date:	
Seal	Signature (Accounts)

- NB:**
- Proprietor / Managing Director / Director / Managing Partner / Partner are only entitled to get ATAB Identity Card.
 - Cash / Pay order in favor of ATAB for Taka 300.00 should be enclosed