AFFIDAVIT / DECLARATION

I, S/o	, Proprieton/Authorized
Representative/Partner/Director of M/s	, having NTN #,
holding CNIC #, do hereby state on solemn affirmation as under:-	
It is certified that the information furnished here in and as per the document submitted is true and correct and nothing has been concealed or tampered with. And are liable to any punitive action for furnishing false information/ documents.	
1. That the above named firm/company ha	as not been adjudged an insolvent from any Court of
law.	
2. That no execution of decree or ord firm/company.	ler of any Court remains unsatisfied against the
3. That the above named firm/company has not been compounded with its creditors.	
4. That my/our firm/company has not been convicted of a financial crime.	
That whatever stated above is true and correct as to the best of my knowledge and belief.	
City: Dated (PROPRIETC	DEPONENT OR / REPRESENTATIVE)/DIRECTOR
	has been identified as per his CNIC.

COMMISSIONER FOR TAKING AFFIDAVIT