

Pakistan Shops and Establishment Ordinance 1969

**SCHEDULE
(Section 2(L) and Section 24)**

FORM - A

APPLICATION FORM

1. Name of the Establishment : _____
2. Postal address of the Establishment : _____

3. Full Name of the Employer :
(Including his Father's Name) _____
4. Full name of the Manager if any :
(Including his father's Name) _____
5. Category of the Establishment i.e whether
a Shop, Industrial Establishment, Commercial
Establishment, Residential Hotel, Restaurant
eating house theatre or Other place of public
amusement or Entertainment _____
6. Total number of employees (state separately the
number of men, women, and/or young persons
(if any). _____
7. Date on which establishment commenced its work: _____
8. I hereby declare that the details given above are correct to the best of my knowledge.

Date: _____

(Signature of the Employer)

Note: This statement shall be sent to the Deputy Chief Inspector of the area concerned with such fees as prescribed in Section 24(2) of the West Pakistan Shop and Establishments Ordinance, 1969.

(Signature)