

## FORM C

### Application Form For A Registered Partnership Concern Registered Under the Partnership Act

Under Section 4(4) Of These Regulations

### Application For Registration of Information Security Auditor With The Electronic Certification Accreditation Council

Name and Address of the Premises of the Applicant:

Detailed Particulars, aims, objectives and credentials of the Partnership concern applying for Registration:

#### Particulars of the individuals who will be responsible of conducting Audit:

Name (Capital Letters) (1):

Address (1):

Address (2):

Name and Address of the Partners:

Email Address:

#### ECAC Bank Account Info:

- **ECAC Account No.** 4141646473
- **Account Title:** Electronic Certification Accreditation Council (ECAC)
- **Name of Bank:** NBP, Jinnah Avenue Blue Area Branch, Islamabad.

**NOTE:** Please send the following documents from the email ID you provided in the email field of the Form along with Application reference at: [ecac@ntc.org.pk](mailto:ecac@ntc.org.pk)

1. Proof (in original) of applicable Application processing Fee to be paid through Demand Draft! Pay Order in favour of "Electronic Certification Accreditation Council"
2. Attested copy of National Identity Card of the Applicant.
3. Attested copy of recent passport size photographs of the Applicant.
4. Certified copy of the qualifications, certifications and experience be attached.
5. Two undertaking duly notarized in terms of Section 4(2)(Vi)(Vii).

**Warning:** Incomplete Application Forms will not be processed.