

PSO-PRIVILEGE LOYALTY CARD FORM FOR NEW CUSTOMER

*First Name _____ Last Name _____

*Name to appear on Card

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*CNIC No.

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NICOP/ POC/ Passport no. (Whichever applicable) _____

*Date of Birth (dd/mm/year)

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Place of Birth _____

*Mother's Maiden Name _____

*Gender _____

*Address _____

*City _____

Occupation _____

Residential Tel No: _____

Cell Phone No: _____

E-mail Address _____

Card Usage			
Average Monthly Usage in Liters		Or Average Monthly Usage in Rupees	

Vehicle Type	Tick✓	Quantity of Vehicles	Vehicle Registration number
Car			
Jeep			
Motorcycle			
Others (please specify)			

Payment Instrument Details			
*Pay Order/ Demand Draft No.		Pay Order/ Demand Draft date	
Bank Name		Amount	

Terms & Conditions

- 1) All fields marked with asterisk (*) are mandatory.
- 2) A valid CNIC copy is required to be submitted along with this form.
- 3) Incomplete forms are not mandatory.
- 4) PSO Cards Division reserves the right to accept or reject any application on its sole discretion.
- 5) Letter would be send to you at your address within 5 working days of receiving this form regarding acceptance or rejection of request.
- 6) If the application is accepted, you would be required to submit a payment instrument (demand draft/ pay order) of Rs. 500/- in favor of Pakistan State Oil Company Ltd.
- 7) Should you have any query, please feel free to contact our helpline Ta aluq at 0800-03000 or write us at customer.services@psopk.com
- 8) Kindly send this Form at 8th Floor, Cards Division, PSO House, Khayaban-e-Iqbal, Clifton, Karachi

*Applicant's Signature

FOR OFFICE USE ONLY

Date: _____

Serial No: _____

Data Entry officer: _____

Approval 1: _____

Approval 2 : _____