



## Financial Statement Request Form

### SYNTHETIC PRODUCTS ENTERPRISES LIMITED.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name & Number*

\_\_\_\_\_

<i>City</i>	<i>Prov or State</i>	<i>Country</i>	<i>Postal or Zip Code</i>
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Email Address \_\_\_\_\_

Folio # \_\_\_\_\_

Cell # \_\_\_\_\_

\*Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN YOUR COMPLETED REQUEST FORM TO:**

**Company Name** Synthetic Products Enterprises Limited

**Company Address** 127-S, Q.I.E. Township Kot Lakhpat Lahore

**CONTACT:** +92-42-35115506-07

**EMAIL ADDRESS:** corporate@spelgroup.com

**WEBSITE:** [www.spelgroup.com](http://www.spelgroup.com)