# DEFENCE HOUSING AUTHORITY ISLAMABAD

(APPLICATION FORM FOR MEMBERSHIP/ASSOCIATE MEMBERSHIP)

Passport Size Photo Duly Attested

**Phase** [1] [2] [3] [4] [5] [ ] [ ] [ ]

1. Name _____ CNIC No/Passport No _____
2. Personal No _____ Rank _____ Arms/Svc _____
   (SVC, Pers)
3. Qualification _____ Profession & Income _____
4. Religion _____ Nationality _____
5. Designation _____ Department _____
6. Specialty/Expertise _____
7. Plot Res/Com _____ Plot No _____
8. Street/Lane No _____ Sector _____ Size _____ Corner/Non Std
9. Date of Birth/Age _____ Place of Birth _____
10. Marital Status _____ Date of Marriage _____
11. Father's Name _____ Profession _____
12. Husband's/Wife's Name _____ Profession _____
13. Present Address _____

    _____

    Office Tel No _____ Res Tel No _____ Mobile _____

    Fax No _____ E-Mail _____
14. Permanent Address _____

    _____

    Office Tel No _____ Res Tel No _____ Mobile _____

    Fax No _____ E-Mail _____
15. Present Domicile _____

16. Next of Kin with Relation _____ CNIC No _____

Address _____

17. List of Legal Heirs:-

| Serial | Name | Date of Birth/Age | Relationship |
|---|---|---|---|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |
| e. | | | |
| f. | | | |

18. FoI are attached:-
    a. Two passport size photograph.
    b. Photostat copy of ID card.
    c. Photostat copies of the ID Cards of witnesses.

19. I hereby declare and certify that:-
    a. The above particulars are correct.
    b. I am desirous to become a Member/Associate Member of DHA Phase I / Phase II, in accordance with the rules/byelaws, terms & conditions of the DHA, which I have read and fully understood and I agree to abide by the same.

Date:_____ Signature _____

**WITNESS NO 1**
(Regular Member of DHA)

Signature _____
Full Name _____
CNIC _____
Membership No _____
Tel No _____
Date _____

**WITNESS NO 2**
(Regular Member of DHA)

Signature _____
Full Name _____
CNIC _____
Membership No _____
Tel No _____
Date _____

## APPROVED / NOT APPROVED