**DEFENCE HOUSING AUTHORITY ISLAMABAD**

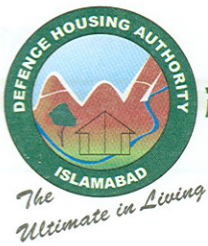
(APPLICATION FORM FOR MEMBERSHIP/ASSOCIATE MEMBERSHIP)

Passport Size
Photo Duly
AttestedPhase ☐ 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:-

<u>Serial</u>	<u>Name</u>	<u>Date of Birth/Age</u>	<u>Relationship</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____

18. Fol are attached:-

- Two passport size photograph.
- Photostat copy of ID card.
- Photostat copies of the ID Cards of witnesses.

19. I hereby declare and certify that:-

- The above particulars are correct.
- 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