

# DEFENCE HOUSING AUTHORITY ISLAMABAD-RAWALPINDI MEMBERSHIP FORM

Latest
Passport Size
Coloured
Photographs

	Coloured Photographs				
PROPERTY DETAILS					
Type: Residential Commercial Size					
Plot / House / Villa / Plaza / Apartment / Shop No Street No					
Lane NoBlock Sector Phase Projec	t				
PERSONAL INFORMATION					
Name (As per NADRA ID Card in Block Letters)					
2. Personal No (For Defence Personnel only) Rank Se	rving Retired				
3. Valid CNIC/ NICOP/ POC No.	-				
Date of Issue	M - Y Y Y Y				
4. Father's / Husband's Name (As per NADRA ID Card in Block Letters)					
5. Religion Sect Nationality					
	Male Female				
7. Marital Status: Married Single Divorcee Widow / Widower					
8. Educational Qualifiction: Under Mtric Mtric Inter Bachlors Masters Other					
9. Profession: Government Employee Private Employee Business Other					
10. Source of Fund: Salary Inheritance Savings Investment Other					
11. Tax Payer: Filer Non Filer					
12. Organization / Company Name (if applicable):					
NTN Number SECP Registration Yes No					
Type: Partnership Firm AOP NGO Trust Other					
13. Permanent Address					
14. Present Address					
15. Mailing Address: Present Address Permanent Address					
16. Mobile No: E-Mail:					
Tel No (Office):Tel No (Residential):					



DEFENCE HOUSING AUTHORITY ISLAMABAD-RAWALPINDI

Defence Mall, Defence Avenue, Phase I Islamabad-Rawalpindi, Tel: UAN 111-555-400, Extn 1379 & 1208. Email: tfr-rec-valley@dhai-r.com.pk



### **FAMILY DETAILS**

17. List of Family Members not included in NADRA Family Registration Certificate (FRC):-

Ser	Name	Relation	CNIC Number	
a.				
b.				
c.				
d.				
e.				
f.				

Attach Additional Sheet (if Required)

#### **DOCUMENTS TO BE ATTACHED**

- 18. Following are attached:
  - a. 2 x Passport size coloured photographs (Not Older then 3 x months).
  - b. Photocopies of NADRA ID Cards (Valid / Readable).
  - c. Family Registration Certificate (FRC) issued by NADRA.
  - d. Form B (In case of Minor).

#### **CERTIFICATE**

- 19. I hereby declare and certify that:
  - a. The above particulars are correct to the best of my knowledge and belief.
  - b. I am desirous to become a Member of DHA Islamabad-Rawalpindi in accordance with the rules / byelaws, term and conditions of the DHA Islamabad-Rawalpindi. I hereby agree to abide by the same.

Date:	Signature	Thumb Impression
		(Left for Male, Right for Female

#### IMPORTANT INSTRUCTIONS

- 1. Membership Form must be filled in English.
- 2. To be filled with Blue / Black ink only.
- 3. All input fields must be filled in carefully / correctly and in case of left blank/unfilled, the case will not be processed.
- 4. Members are advised to avoid misrepresentation of facts which may lead to cancellation of their membership at any stage.
- 5. In case of Joint Owners separate Membership Form is required.
- 6. Membership Form must be signed by the individual as per CNIC and thumb impression must be legible.
- 7. All documents to be attached are valid / readable.
- 8. No overwriting / cutting is acceptable.
- 9. In case of any change in personal information and family details, member is duty bound to inform the Transfer and Record Directorate DHA Islamabad-Rawalpindi in writing.



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