DEFENCE HOUSING AUTHORITY ISLAMABAD

(Membership/Associate Membership Form)

2x Passport Size Coloured Photographs

PHASE [1] [2] [3] [4] [5] [6] [7] [8] [9]

PROJECT _____

1. Name _____
2. CNIC No [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *(Attested Photocopy Attached)* Passport No *(If any)* [ ][ ][ ][ ][ ][ ][ ][ ] *(Attested Photocopy Attached)*
3. Personal No (Svc Pers) _____ Rank _____ Arm/Svc _____
4. Educational Qualification _____ Profession _____
5. Religion _____ Nationality _____
6. Plot/Shop/Villa/Apartment No _____ (Res/Com) _____
7. Street/Lane No _____ Sector _____ Size _____
8. Date of Birth/Age _____ Place of Birth _____
9. Marital Status _____ Date of Marriage _____
10. Father's Name _____ Profession _____
11. Husband's/Wife's Name _____ Profession _____
12. Present Address _____

    _____

    Tel No (Office) _____ Tel No (Res) _____ Mobile No _____

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

    _____

    Tel No (Office) _____ Tel No (Res) _____ Mobile No _____

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

15. Next of Kin _____ Relation _____

CNIC No [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *(Attested Photocopy Attached)* Passport No [ ][ ][ ][ ][ ][ ][ ][ ] *(If any)* *(Attested Photocopy Attached)*

Address _____

Tel No (Office) _____ Tel No (Res) _____ Mobile No _____

Fax No _____ E-Mail _____

16. List of Family Members: -

SER	NAME	DATE OF BIRTH/AGE	RELATION
a.			
b.			
c.			
d.			
e.			
f.			

17. Following are attached: -
    a. Two Passport size coloured photographs.
    b. Attested photocopy of CNIC and Photocopy of CNIC of next of Kin (NOK).
    c. Attested photocopies of the CNIC of witnesses.
18. I hereby declare and certify that:-
    a. The above particulars are correct and best of my knowledge and belief.
    b. I am desirous to become a Member/Associate Member of DHA Islamabad in accordance with the rules/byelaws, terms & conditions of the DHA Islamabad. I hereby agree to abide by the same.

Date: _____ **Signature** _____

WITNESS No 1 (Regular Member of DHA Islamabad)

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

WITNESS No 2 (Regular Member of DHA Islamabad)

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

APPROVED/NOT APPROVED