DEFENCE HOUSING AUTHORITY ISLAMABAD-RAWALPINDI

(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 _____

Defence Mall, Defence Avenue, Phase-I Islamabad, Tel: UAN 111-555-400, Fax: 5788086, Email: info@dhai.com.pk www.dhai.com.pk

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

c. Attested photocopy of CNIC of next of Kin (NOK).

18. 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/Associate Member of DHA Islamabad-Rawalpindi in accordance with therules/byelaws, terms & conditions of the DHA Islamabad-Rawalpindi. I hereby agree to abide by the same.

Date: _____ **Signature** _____

Thumb Impression _____

(Left for Male, Right for Female)