



S.No. _____

Plot No. _____

DEFENCE HOUSING AUTHORITY LAHORE

Application Form For Associate Membership

Photo (Essential)

1. Full Name : _____
2. National Identity Card No :

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3. Education : _____
4. Profession and Income : _____
5. Specialty / Expertise : _____
6. Nationality : _____ 7. Religion : _____
8. Date of Birth & Age : _____
9. Father's Name and Profession : _____

10. Husband's Name and Profession : _____

11. Present Address : _____

12. Permanent Address : _____

13. Present Domicile : _____
14. Telephone Nos.
 - a. Office (if any) : _____
 - b. E-mail : _____
 - c. Residential (if any) : _____
 - d. Mobile : _____
15.
 - a. Next of Kin : _____
 - b. Relationship with NOK : _____
 - c. Address of NOK : _____
 - d. ID Card # of NOK : _____
16. Name and address of the person who in the event of death of the member shall intimate such fact to the Authority : _____

17. **List of Legal Heirs**

<u>Serial</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Cost Rs. 100/-

18. I hereby declare and certify:-

- a. The above particulars are correct.
- b. I am desirous to become an Associate Member of the Defence Housing Authority Lahore in accordance with resolution dated 21st March 1980 of the Managing Committee (re-produced below) which I have read and fully understood and I agree to abide by the same.
 - (1) Person who are eligible for regular membership of Authority but could not become regular member due to unavoidable circumstances.
 - (2) Non-Members who through the normal process of the transfer of the Property Act and Law of Succession have acquired ownership of the property in the Authority area through sale, mortgage, assignment, gift and inheritance etc.
- c. The fee for associate membership i.e. Rs.15000/- is being paid herewith (payment through a bank Challan Form is acceptable. Cheques are unacceptable) AM Fee for legal heirs in case of demise of the member is Rs.3000/- Only.

Signature : _____

Signature : _____

Signature : _____

Date : _____

PROPOSED BY (Regular Member of DHA)

Seconded by (Regular Member of DHA)

Signature : _____

Signature : _____

Full Name : _____

Full Name : _____

Date : _____

Date : _____

Note: 1. Two copies of the passport size photograph and one photostat copy national Identity Card duly attested by sponsoring member must accompany the application form.

2. Rights of acceptance / rejection of Associate Membership is reserved with the Management.