

## Pakistan Defence Officers Housing Authority

2/ B, East Street, Phase-I, DHA, Karachi - 75500 (Pakistan) UAN: 111 589,589 Phones: 35886401-5, Fax 35886406 Website: <a href="www.dhakarachi.org">www.dhakarachi.org</a> / Email:tr\_dhacity@dhakarachi.org

### **SPECIMEN OF APPLICATION**

To: Addl Director T&R DCK

2-B, East Street, Phase-I Pakistan Defence Officers Housing Authority

Karachi - 75500, Pakistan

Subject:	RENEWAL OF	MEMBERSHIP

Follow action:	ing c	membership no at DHA City Karad locuments (As per advertisement) duly atteste		. • .
action.		2v latest photographs possport size (Attested)		(Not more than 6 months old 8 Carring Armed
	a.	2x latest photographs passport size. (Attested)	-	(Not more than 6 months old & Serving Armed Forces Officers, in-uniform)
	b.	2x Photocopies of CNIC/POC/NICOP.	-	(as applicable) Attested.
	C.	Latest present postal & permanent address.	-	Application for change of address (If applicable).
	d.	Detail of legal heirs/family members.	-	Form attached.
	e.	1x latest photograph (Passport size) of living family member	s -	Attested.
	f.	1x copy of CNIC/NICOP/POC/Passport (as applicable) Over 18 years living family members)	-	Attested.
	g.	Change in marital status, addition /amendment of name & Change/addition/amendment of Father/Husband name.	-	Application/Documentary Proof Required. (if applicable).
	h.	Photocopy of release/retirement order (for retd offrs).	-	(For Armed Forces Offrs & Registered in Cat 'A') (as applicable) Attested.
	i.	Photocopy of Computerized (NADRA) Form-B &NICOP/POC/Passport (as applicable).	-	(For children under 18 years) Attested.
	i	DD/Pay Order No dt amounting to Rs	_	(In favour of DHA City Karachi)

#### Note: -

- a. The members to submit above said documents through post or deposit by hand in DHA City Karachi.
- b. In case of deposit of documents by hand at Main Reception Counter, please collect renewal token from DCK Counter and visit DCK T&R Office alongwith original valid CNIC, NICOP, POC, Passport (as applicable) & DCK Membership Card for digital photograph & biometrics impression.
- c. In case membership process is performed at Rawalpindi Sub office, service charges @ Rs.2000/- will also be charged.
- d. Contact detail of Sub office Rawalpindi "DHA Karachi Sub Office, Plaza no. 5, Commercial Plaza, Sector E Phase-I, DHAI Islamabad" a) 051-99096500 b) 03229909650
- e) Death Certificate to be attached in case of death of any family member. Attested
- f) Armed forces officers who have resigned their commission, dismissed or removed from service are NOT eligible to be members in Category 'A' (AYE)
- g) An amount of Rs.2000/- per membership will be paid as verification charges.

#### **FIVE YEARS RENEWAL FEE:**

#### (SAME DAY RENEWAL FEE Rs.5000/-)

Cat	For	Renewal Fee	Cat	For	Renewal Fee
"A"	Armed Forces (including Def Paid Civs)	Rs. 2,000/-	"C"	Legal Heir/Hiba/Gift	Rs. 2,000/-
"B"	Civilian	Rs. 4,000/-	"D"	DHA Staff	Rs. 2,000/-
"B"	Spouse of Def Forces Offrs	Rs. 2,000/-	"DS"	DHA Employees	Rs. 2,000/-
"B"	Widows of Def Forces Offrs / Shuhdas	Rs. 200/-	"S"	Special Almt	Rs. 2,000/-
"B"	Corporate Bodies	Rs. 30,000/-	"KPTS	KPT Officials	Rs. 2,000/-
"B"	Foreigners / POC Holders	Rs. 30,000/-	"E-1"	JCOs / Sldrs (Temporary)	Rs. 2,000/-
"BS"	Sindh Govt Officials, Allotment through GoS	Rs. 3,000/-	"E-2"	JCOs / Sldrs (Permanent)	Rs. 2,000/-
v	DHA Oasis /Farmhouses	Rs. 50,000/-	vc	DHA Oasis HIBA/ Legal Heirs.	Rs. 5,000/-

Signature of applicant:	
Applicant Name:	
Dated:	

## PAKISTAN DEFENCE OFFICERS HOUSING AUTHORITY DETAILS OF FAMILY MEMBERS (UPDATION FORM) TO BE FILLED IN BLOCK LETTER

1.	FA	THER'S NAME	рното														
	CN	IC No.	(Passport size)														
2.	МО	THER'S NAME	РНОТО														
	CN	IC No.	(Passport size)					Π									
3.	SPO	OUSE'S NAME	РНОТО														
	CN	IC No.	(Passport					Т	Т	$\top$		Π	$\Box$	$\Box$		П	T
	PH	NOS. (LAND LINE/MOB)	size)	_	•												
4.	CH	ILDREN OVER 18 YE	ARS										-				
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5.	CH	ILDREN UNDER 18 Y	EARS			V	4	47								V.	
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		Child Registration No.	size)														
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		Child Registration No.	size)					Π									Τ
Pres	sent	Postal Address:				_			Nar	ne:_	re:						
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Dat	e:					_					o: ddres						
Not	e: Fo	r change if address (if	required)	use	ne	ĸŧ											

page attached.

# CHANGE OF ADDRESS (IF REQUIRED)

Present Address	
Permanent Address	
	Signature
	Name
	Membership No
	CNIC No
ted	Email Address