

To: The Secretary  
DHA Gujranwala

1 x Passport  
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Subject: **Application for Grant of Regular Membership**

1. I, No \_\_\_\_\_, Rank \_\_\_\_\_, Name \_\_\_\_\_,  
CNIC No \_\_\_\_\_ S/O, D/O, W/O  
\_\_\_\_\_ R/O \_\_\_\_\_

have been allotted / purchased a Residential / Commercial Plot / Property No \_\_\_\_\_  
Block \_\_\_\_\_ Phase \_\_\_\_\_ DHA Gujranwala.

2. It is certified that I have deposited Rs. \_\_\_\_\_ as fee for becoming  
Regular Member of DHA through Pay Order / Challan No \_\_\_\_\_ dated  
\_\_\_\_\_ and I am already an Associate Member vide Registration No  
\_\_\_\_\_. Please grant me regular membership of DHA.

Station: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

3. The applicant has cleared all dues up to date / has to clear the following  
outstanding dues:-

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature and Stamp of  
Accounts Officer)

4. It is certified that the applicant is not a defaulter of land.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature and Stamp of  
Dir Land)

5. It is certified that the applicant is not in Litigation with DHA.

Date \_\_\_\_\_

\_\_\_\_\_  
(Legal Advisor)

6. Recommended / Not Recommended

Date \_\_\_\_\_

\_\_\_\_\_  
(Director Transfer & Record)

7. Approved / Not Approved

Date \_\_\_\_\_

\_\_\_\_\_  
(Secretary)

## **TERMS AND CONDITIONS**

1. For Serving defence personnel, letter from CO/OC of the Unit/HQ/Establishment duly affixed with office stamp is required to be attached.
2. For Retired defence personnel, photo copy of discharge certificate is required to be attached.
3. Photocopy of CNIC duly attested to be attached.
4. Two recent photographs must be attached with the application form.
5. Application can be rejected at any stage in case of false / incorrect or incomplete information.

## **DECLARATION**

1. I shall abide by the terms and conditions, decisions, Rules, Regulations and Byelaws of the DHA, as amended from time to time.
2. I hereby declare that I am not involved in Property / Real Estate business.

Station: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_