| Fr   | om:  | Name<br>S/O,D/O,W/O<br>CNIC No<br>Address |  |                   | xx                          |  |
|--|--|---|--|-------------------|-----------------------------|--|
| То   | ):   | The Secretary<br>DHA Gujranwala           |  |                   |                             |  |
| Subject: Application by Doner -Transfer in Case of Hiba Zabani Bila Ewaz File OLF/OBF/SBF No-000000, Phase-1   |  |   |  |                   | oa Zabani Bila Ewaz of Plot |  |
| (Forwarding Letter)  |  |   |  |                   |                             |  |
| 1. I / we have gifted my/our plot / property OLF/OBF/SBF- <u>000000</u> ,Phase <u>1</u> , measuring, through Hiba Zabani Bila Ewaz, to,having CNIC No, S/O,D/O,W/O,  Resident of |  |   |  |                   |                             |  |
| 2. I / we hereby attach requisite transfer papers for your necessary action and  |  |   |  |                   |                             |  |
| record as follows:-  |  |   |  |                   |                             |  |
|  | a. Original Allocation/ Tfr Allocation, Intimation/ Tfr Intimation letter. |   |  |                   |                             |  |
|  | b. Affidavit by the Doner, duly attested by Oath Commissioner.             |   |  |                   |                             |  |
| <ul><li>c. Undertaking by Donee to abide by DHA rules / instructions.</li><li>d. Acceptance by the Donee on affidavit.</li></ul>   |  |   |  |                   | INSTRUCTIONS.               |  |
|  | e. Membership/Registration Form of Donee.                                  |   |  |                   |                             |  |
|  | f. Photocopy of CNIC of Doner / Donee.                                     |   |  |                   |                             |  |
| g. 2x Passport size photos of Donee.   |  |   |  |                   |                             |  |
| 3.   | 3. Kindly transfer the above plot file in the name of aforesaid Donee.     |   |  |                   |                             |  |
|  |  |   |  |                   | Yours Sincerely,            |  |
|  | Signature  |   |  | Signature         | Signature                   |  |
|  | FOR DHA USE ONLY   |   |  |                   |                             |  |
|  | Tr   | ansaction No                              |  | Tfr Approval Date | Dir's Sign and Stamp        |  |
|  |  |   |  |                   |                             |  |