

# **MEMBERSHIP APPLICATION**

To		: Director	Transfer & Reco	rds DHAQ		Paste a passport size photo here
Subjec	t	: <u>Members</u>	hip Application			
Dear S	ir.					
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5.		e accord Members	hip Certificate at	an earliest.		
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# DHA

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## **MEMBERSHIP APPLICATION**

### **TERMS & CONDITIONS**

- 1. Membership is mandatory to purchase any kind of property in DHAQ.
- 2. The applicant accepts that s/he shall become a member of DHAQ after payment of Membership Fee. Holders of Commercial Membership may purchase residential properties on same membership. Holders of Residential Membership would require to up-grade membership category to purchase commercial properties by paying difference in the fees for the two.
- 3. Membership would remain valid for two years. It will be renewed on completion of two years.
- 4. Service Benefit rates will be applicable for benefit plots only. If, a service beneficiary purchases any additional property, over and above the benefit accorded to him / her, s/he would be required to pay the difference of fees between service benefit and other category.
- 5. The applicant accepts that s/he cannot make any claim from DHAQ if ballots are not held within time or is delayed due to any reason.
- 6. S/he is solely responsible for the correctness of the information provided on this form.
- 7. No column of this form should be left blank.

#### **DECLARATION**

- 1. I shall pay plot price, development charges on time as per demand notice issued by DHAQ, government taxes / duties levied from time to time and surcharge liable on me (if any).
- 2. I agree that allotment of plot number(s) is subject to balloting, as and when held and further that I undertake to accept the result of the balloting.
- 3. I undertake to abide by the laws of DHAQ, applicable to owners of property or members, as amended from time to time.
- 4. I undertake to intimate DHAQ about any change in the detail given on this form.
- 5. I have read particulars, Terms & Conditions and Declarations made above and will abide by them.

Signature	_ OI IIIIIIID	
Name	· · · · · · · · · · · · · · · · · · ·	
Date		
Witness No 1		Witness No 2
Name: CNIC:		Name: CNIC:
(Copy Attached)		(Copy Attached)

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