



PALPA COOPERATIVE HOUSING SOCIETY LTD. KARACHI.

Regd. No. K-2298/09

APPLICATION FORM FOR REGISTRATION AS A MEMBER (To be filled in block letters)

1. Name : Mr/Mrs/Miss _____
2. Wife/Husband/Son/Daughter of: _____
3. Designation : _____ 4. Staff No: _____
5. Name of Employer: _____
6. Date of Birth: _____ 7. Religion : _____ 8. Nationality : _____
9. NIC # _____
10. Tel #: Mob: _____ Res : _____
11. Address: _____

12. I nominate * Mr./Mrs./Miss:

/o: _____

Relationship: _____ NIC #: _____

Address: _____

* in accordance with section 27 of Co-operative Societies Act 1925

13. I certify that :-

- a. The above particulars are correct.
- b. I am desirous to become a member of PCHS Karachi.
- c. I wish to apply for a residential plot measuring _____ sq.yds.
- d. I wish to abide by all the existing rules and regulations laid down by the PCHS Karachi, including any charges that are incorporated in such rules / byelaws and regulations from time to time.
- e. I agree to pay all the requisite fee / charges as prescribed in the byelaws or demanded by the Managing Committee.
- f. I declare that I have no residential and/or commercial plot in any other Co-operative Housing Society in my name.
- g. Change of mailing address and phone numbers shall be notified to the society immediately in writing.

- Enclosures :
- a. Two latest passport size photographs.
 - b. Two photo copies of National Identity Card.
 - c. Two Photocopies of Airline ID Card.
 - d. Pay Order/Crossed Cheque for requisite fee.

<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">Photograph</div>	<p>Signature : _____</p> <p>Signature : _____</p> <p>Signature : _____</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">Thumb Impression Male : Left Female : Right</div>
--	--	---

FOR OFFICE USE

ACCEPTED / REJECTED by the Managing Committee at its meeting held on _____

Granted Membership No: _____

Karachi: _____
Date

Committee Member

Secretary