



PAKISTAN DEFENCE OFFICERS HOUSING AUTHORITY KARACHI

2/B, East Street, Defence Housing Authority Karachi – 75500, (PAKISTAN)

Telephones: 35886401-05, 111-589-589, FAX: 35886406 & 35884099

DHA Web Site: www.dhakarachi.org/E-mail: dha@dhakarachi.org

In reply, please quote:

DHA/ _____ **/Card Cell**

Dated: _____.

To:

Subject: **RENEWAL OF MEMBERSHIP**

Dear Sir/Madam,

- As already communicated through advertisement in **Daily News Papers of 9th Aug 2000**, all members are required to renew their membership after every **FIVE YEARS** with effect from **1st July 2000**.
- All those members who fail to renew their membership within five years their membership shall be cancelled after 6 months notice whereafter they shall have to obtain fresh membership and pay full membership fee for the required category prevailing at that time.
- The effective date for the renewal for new members will be after **FIVE YEARS (5 Yrs)** of obtaining of membership and **date of expiry** of Membership Card.
- Members applying for renewal of membership are requested to forward/deposit following (FRESH & VALID) documents **duly signed** as under:-
 - 2x Fresh photographs (PP size). **Attested** on back side. (Uniform for Serving Armed Forces).
 - 2x photocopies of CNIC/NICOP/POC/Passport. **Attested** (as applicable)
 - Detail of legal heirs/family members. Form attached (Complete in all respect).
 - 1x Fresh photograph (PP size) of all living family members. **Attested** on back side.
 - 1x copy of CNIC/NICOP/POC/Passport (as applicable). **Attested** (over 18 years family members)
 - Change in marital status, addition/amendment of name & Change/addition/amendment of Father/Husband name. Application/Documentary Proof Required on Stamp Paper (if applicable)
 - Supporting documents of other changes, if any. (For Corporate Bodies only).
 - Photocopy of Svc, Retired Card, Release, Retirement Order & Pension Book. (For Armed Forces & Registered in Cat 'A') (as applicable). **Attested**.
 - Photocopy of Computerized (NADRA) Form-B & NICOP/POC/Passport (as applicable). **Attested**. (For children's under 18 years).
 - Death Certificate to be attached in case of death of any family member. **Attested**

Note:- Armed forces officers who have resigned their commission, dismissed or removed from service are NOT eligible to be members in Category 'A' (AYE).

RENEWAL FEE FOR 5 YEARS (w.e.f. 01-Jan-2023)

Ser	Category	Fee	Ser	Category	Fee
a.	"A" Armed Forces Offr/Civ. Def. Paid	Rs. 5000.00	h.	"D" Staff	Rs. 10000.00
b.	"B" Civilian	Rs. 15000.00	j.	"S" Special Allottees	Rs. 10000.00
c.	"B" Spouse of Armed Forces Officer	Rs. 2000.00	k.	"S" Widow of Shuhada	Rs. 2000.00
d.	"B" Corporate Bodies	Rs. 100,000.00	l.	"EE" Civilian	Rs. 10000.00
e.	"B" Foreigners	Rs. 150,000.00	m.	"EE" Corporate Bodies	Rs. 40000.00
f.	"BS" Sindh Govt. Officers	Rs. 10000.00	n.	"EE" Foreigners	Rs. 40000.00
g.	"C" Legal Heir/Hiba/Gift	Rs. 10000.00	o.	"CEE" Legal Heir/Hiba/Gift	Rs. 5000.00

Note: Verification charges Rs.2000/-.

(SAME DAY RENEWAL PROCESS FEE RS.10,000/- & EMAAR Rs.20,000/-)

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

1.	FATHER'S NAME	PHOTO (Passport size)												
	CNIC No.													
2.	MOTHER'S NAME	PHOTO (Passport size)												
	CNIC No.													
3.	SPOUSE'S NAME	PHOTO (Passport size)												
	CNIC No.													
	PH NOS. (LAND LINE/MOB)													
4. CHILDREN OVER 18 YEARS														
(1)	NAME	PHOTO (Passport size)												
	CNIC No.													
(2)	NAME	PHOTO (Passport size)												
	CNIC No.													
(3)	NAME	PHOTO (Passport size)												
	CNIC No.													
(4)	NAME	PHOTO (Passport size)												
	CNIC No.													
5. CHILDREN UNDER 18 YEARS														
(1)	NAME	PHOTO (Passport size)												
	Child Registration No.													
(2)	NAME	PHOTO (Passport size)												
	Child Registration No.													
(3)	NAME	PHOTO (Passport size)												
	Child Registration No.													
(4)	NAME	PHOTO (Passport size)												
	Child Registration No.													

Present Postal Address: _____

Date: _____

Note: For change if address (if required) use next page attached.

Signature: _____

Name: _____

Membership no: _____

Phone no: _____

Email Address: _____

CHANGE OF ADDRESS
(IF REQUIRED)

1. **Present Address**

2. **Permanent Address**

Signature _____

Name _____

Membership No. _____

CNIC No. _____

Dated _____

Email Address _____