

Date: ____ / ____ / ____

Al-Kabir Town (Pvt) Ltd.

(Ex-ACHS)

REGISTRATION FORM

Old Membership No. _____

New Membership/File No. _____

1. Full Name: _____

2. CNIC No.

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3. Profession & Institute: _____

4. Nationality: _____ Date of Birth: _____

5. Father's Name: _____

6. Husband's Name: _____

7. Mailing Address: _____

8. Permanent Address: _____

9. Contact Information:

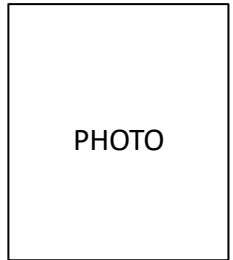
a. Office (if any): _____ b. Mobile: _____

c. Residence (if any): _____ d. Email: _____

10. Next of Kin Information:

a. Name: _____ b. Relationship: _____

c. CNIC No. _____ d. Mobile: _____

d. Address: _____
_____

Plot/File Holding Details						
Sr. #	Old Membership No.	Old File No.	File Size/Category	Amount Paid	Balance Amount	New Membership/File No.
1		ACHS-				
2						
3						

UNDERTAKING

I hereby declare that:

- a. The above information is correct and true to the best of my knowledge.
- b. I request for the registration in Al-Kabir Town (Pvt) Ltd. in accordance with policies, procedures and rules of this office which I fully agree to abide by.
- c. I agree to pay registration fee, Rs. 1,000/- per marla for residential Plot/File and Rs. 5,000/- per marla for the commercial plot/file.

✓ **Checklist is attached herewith.**Signature & Thumb Impression:
