

**Al-Kabir Town (Pvt) Ltd.**  
**(Ex-ACHS)**  
**REGISTRATION FORM**

Old Membership No. \_\_\_\_\_

New Membership/File No. \_\_\_\_\_

1. Full Name:													
2. CNIC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>										PHOTO		
3. Profession & Institute:													
4. Nationality:							Date of Birth:						
5. Father's Name:													
6. Husband's Name:													
7. Mailing Address:													
8. Permanent Address:													
9. <u>Contact Information:</u>													
a. Office (if any):							b. Mobile:						
c. Residence (if any):							d. Email:						
10. <u>Next of Kin Information:</u>													
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.**

✓ Checklist is attached herewith.

Signature & Thumb Impression: