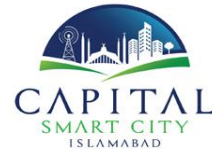


**Capital Smart City**  
( Membership /Associate Membership Form )



1 Name \_\_\_\_\_ MS No \_\_\_\_\_ Plot size \_\_\_\_\_

2 CNIC/NICOP No \_\_\_\_\_ Passport No (if any) \_\_\_\_\_

3 Father's Name \_\_\_\_\_ Profession \_\_\_\_\_

4 Husband's/ Wife's Name \_\_\_\_\_ Profession \_\_\_\_\_

5 Educational Qualification \_\_\_\_\_ Nationality \_\_\_\_\_

6 Religion \_\_\_\_\_ Cast \_\_\_\_\_

7 Res Plot/Comm Plot/Villa No \_\_\_\_\_ Street/Lane No \_\_\_\_\_ Sector/Block \_\_\_\_\_

8 Date of Birth/Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

9 Married / Unmarried \_\_\_\_\_ Date of Marriage \_\_\_\_\_

10 Present Address \_\_\_\_\_

Tel No (Office) \_\_\_\_\_ Tel No (Res) \_\_\_\_\_ Mobile No \_\_\_\_\_

Fax No \_\_\_\_\_ E-Mail \_\_\_\_\_

11 Permanent Address \_\_\_\_\_

12 Domicile \_\_\_\_\_

13 Next of kin \_\_\_\_\_ Relation \_\_\_\_\_

CNIC/NICOP No \_\_\_\_\_ Passport No (if any) \_\_\_\_\_

Address \_\_\_\_\_

14 List of Family Members :-

	<u>NAME</u>	<u>DATE OF BIRTH/AGE</u>	<u>RELATION</u>
a	_____	_____	_____
b	_____	_____	_____
c	_____	_____	_____
d	_____	_____	_____
e	_____	_____	_____
f	_____	_____	_____

15 I heret by declare certify that :-

The above particulars are correct to the best of my knowledge and belief.

I am desirous to become a Member / Associate Member of Capital Smart City in accordance with the Rules /Bylaws,Term & Conditions of the Housing Project .I hereby agree to abide by the same

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Thumb Impression : \_\_\_\_\_  
( Left for Male,Right for Female)