



D.I. KHAN NEW CITY

Information form

Select one:

- Residencia
 Overseas

App. Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 File No _____
 Reg No _____
 Plot No: _____

PROPERTY SELECTION (Select only one option per form)

| Category | RESIDENTIAL | | COMMERCIAL | |
|----------|--|---|---------------------------------|---------------------------------|
| Size | <input type="checkbox"/> 5 Marla (25x45) | <input type="checkbox"/> 11 Marla (35x70) | <input type="checkbox"/> 20x30 | <input type="checkbox"/> 90x140 |
| | <input type="checkbox"/> 1 Kanal (50x90) | <input type="checkbox"/> 2 Kanal (75x120) | <input type="checkbox"/> 90x180 | <input type="checkbox"/> Others |

Installments: Monthly Quarterly Half Payment Full Payment

2 recent color photographs with blue background

PERSONAL INFORMATION (PLEASE FILL IN BLOCK LETTERS)

Name

Father/Spouse

CNIC/NICOP - - Passport No

Date of Birth

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | - | M | M | - | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

 Occupation (optional)

Correspondence Address

City Country

Cell phone No

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | X | X | - | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

 Cell 2 (WhatsApp)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | X | X | - | X | X | X | X | X | X | X | X | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Tel (Res) Tel (Office)

E-mail address

NOMINEE INFORMATION (PLEASE FILL IN BLOCK LETTERS)

Nominee name

Father/Spouse

CNIC/NICOP Passport No

Relation

MODE OF PAYMENT (PLEASE FILL IN BLOCK LETTERS)

Cash Cheque/DD/PO Deposit/Online Others

Amount (in figures) Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | - | M | M | - | Y | Y |
|---|---|---|---|---|---|---|---|

Amount (in Words)

Instrument Number Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | - | M | M | - | Y | Y |
|---|---|---|---|---|---|---|---|

Prepared by:

Applicant's Signature