

APPLICATION FORM

Latest 1 x 1 size
Photograph

Note: Please read "GUIDELINES" and "TERMS & CONDITIONS" before filling this Application Form.

1. Application Form No:

2. Quota Code: 3. Category Wise Seniority No (for office use only):

4. Date of Membership: - - 20

5. Type of Apartment for which applied:

	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
SFT:	2050	1750	1350	1150	950
BPS:	20-22	18-19	16-17	10-15	1-9

6. Floor #

7. Corner

Yes
No

PERSONAL INFORMATION

8. Name of Applicant: Mr. Mrs. Miss.

9. Father's/Husband's Name: Mr.

10. CNIC No. - -

11. Date of Birth: - - 19

12. Phone Number (Residence) with Area Code:

13. Mobile Number: 0 3

14. Marital Status:

15. Religion:

16. Post Code:

17. Domicile:

18. Present Address:

19. Permanent Address:

20. Mailing Address Preference: a. Present Address: b. Permanent Address:

21. E-mail Address:

OFFICIAL INFORMATION (Govt. Employees only)

Note: Information mentioned below is required from government applicants whether "In Service"/"Retired"/"Deceased":

22. Service Status:

a. In Service:

b. Retired before 01/07/2009:

c. Retired after 01/07/2009:

d. Deceased:

23. Date of Joining Govt. Service: - -

24. Date of Retirement: - -

25. Died during Service: Yes No

26. Date of Death (in case spouse is applying for deceased): - -

27. Designation/Rank:

28. Present Grade:

29. Present Department:

30. Parent Department:

31. Date of Promotion in Present Grade:

33. Phone Number (Official):

35. National Tax Number (NTN):

32. Date of Posting at Present Post:

34. Fax Number (if available):

VERIFICATION OF SERVICE PARTICULARS (Govt. Employees only)

36. Name of Head of Parent Department:

37. Designation of Head of Parent Department:

38. Mailing Address of Head of Department:

39. Name of Husband/Wife (in case of deceased):

40. CNIC Number of deceased:

41. Phone Number of Head of Department (Official):

42. Length of Service:

Y Y M M D D

43. Employment Status:

NOMINEE INFORMATION

44. Name of Nominee:

45. Father's/Husband's Name:

46. CNIC Number of Nominee:

47. Age of Nominee:

48. Relation (Code):

PREVIOUS ALLOTMENT DETAIL (IF ANY)

49. Has an apartment/house/residential plot in Islamabad ever been allotted to you by the Capital Development Authority or Federal Government Employees Housing Foundation or Pakistan Housing Authority Foundation or any other Government agency?

Yes No

50. If yes, give the particulars thereof:

51. Date of Allotment:

52. Allotted by whom:

a. CDA

b. FGEHF

c. PHAF

d. Other

53. Apartment/House/Plot No:

54. Block/Street No:

55. Sector:

BANK DETAIL

56. Amount deposited as:

a. Cash

b. Demand Draft

c. Pay Order

57. If DD/PO then Name of Bank with Branch:

58. DD/PO Number:

59. Date of DD/PO:

60. Amount:

FAMILY DETAIL

61. Is spouse in Federal Government Service?:

Yes

No

62. Organization where spouse employed:

63. Post/Designation of spouse:

64. Station:

65. Size of family (Legal Heirs including Spouse, Sons, Daughters, Step Sons, Step Daughters):

a. Spouse b. Sons c. Daughters d. Step Daughters

e. Brothers f. Sisters g. Others

(If unmarried please give Brothers, Sisters, Mother and Father detail as under)

66. Detail of family members (attach another sheet if family detail isn't fit in below table):

Name of Family Member	Relation Code	CNIC No.	Date of Birth (DD/MM/YYYY)

67. Attach Color Photocopy of CNIC:

Paste Color photocopy of FRONT SIDE of CNIC

Paste Color photocopy of BACK SIDE of CNIC

UNDERTAKING

68. I hereby solemnly undertake that:

- i. The information provided in this form is true.
- ii. I confirm that I have fully read, understood the Terms & Conditions and do hereby agree to abide by the same in letter and spirit.
- iii. I am enclosing all the necessary documents required for allotment.
- iv. I agree to pay the cost of apartment as determined and finally fixed by EHFPRO.
- v. I agree to clear all dues as given in the brochure containing terms and condition of the allotment of apartment.
- vi. I agree not to claim any compensation from M/s EHFPRO in case of any delay in the completion of the works and handling over of the physical possession of the apartment for any justifiable reason.
- vii. I solemnly affirm that there is no concealment or misrepresentation of facts stated herein above and that EHFPRO reserves the right to forfeit all dues deposited by me and cancel my apartment in case of breach of this undertakin
- viii. EHFPRO reserves the right, interalia, to make such minor change in the design, specifications, price and site etc. as EHFPRO may deem fit in the best interest of the project..

Signature of the Applicant:

- -
Date

EHFPRO		MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT	
<p>1. Name of Applicant: Mr. <input type="text"/> Mrs. <input type="text"/> Miss. <input type="text"/></p> <p>3. CNIC No. <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>5. Askari Bank Branch: <input type="text"/></p> <p>7. Contact No: <input type="text"/></p> <p><input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> Date</p>	<p>2. PO/DD/Cash: <input type="text"/></p> <p>4. Amount (Membership Fee): <input type="text"/></p> <p>6. Branch Code: <input type="text"/></p> <p>8. Type of Apartment: <input type="text"/></p> <p style="text-align: right;">Signature & Stamp of Bank Officer/Teller</p>		

SCROLL COPY**MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT**

1. Name of Applicant: Mr. <input type="text"/> Mrs. <input type="text"/> Miss. <input type="text"/>	2. PO/DD/Cash: <input type="text"/>
<input type="text"/>	<input type="text"/>
3. CNIC No. <input type="text"/>	4. Amount (Membership Fee): <input type="text"/>
<input type="text"/>	<input type="text"/>
5. Askari Bank Branch: <input type="text"/>	6. Branch Code: <input type="text"/>
<input type="text"/>	<input type="text"/>
7. Contact No: <input type="text"/>	8. Type of Apartment: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	
Date	

Signature & Stamp of Bank Officer/Teller**BANK COPY****MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT**

1. Name of Applicant: Mr. <input type="text"/> Mrs. <input type="text"/> Miss. <input type="text"/>	2. PO/DD/Cash: <input type="text"/>
<input type="text"/>	<input type="text"/>
3. CNIC No. <input type="text"/>	4. Amount (Membership Fee): <input type="text"/>
<input type="text"/>	<input type="text"/>
5. Askari Bank Branch: <input type="text"/>	6. Branch Code: <input type="text"/>
<input type="text"/>	<input type="text"/>
7. Contact No: <input type="text"/>	8. Type of Apartment: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	
Date	

Signature & Stamp of Bank Officer/Teller**CUSTOMER COPY****MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT**

1. Name of Applicant: Mr. <input type="text"/> Mrs. <input type="text"/> Miss. <input type="text"/>	2. PO/DD/Cash: <input type="text"/>
<input type="text"/>	<input type="text"/>
3. CNIC No. <input type="text"/>	4. Amount (Membership Fee): <input type="text"/>
<input type="text"/>	<input type="text"/>
5. Askari Bank Branch: <input type="text"/>	6. Branch Code: <input type="text"/>
<input type="text"/>	<input type="text"/>
7. Contact No: <input type="text"/>	8. Type of Apartment: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	
Date	

Signature & Stamp of Bank Officer/Teller

GUIDELINES FOR APPLICATION FORM

Note: Please read all the Guidelines before filling the Application Form

- Use "BLUE" ballpoint to fill the application form.
- Use "CAPITAL" letters.
- Tick the (☑) relevant square and no cutting/overwriting or ambiguous entries are acceptable.
- Write the Category for which you have applied and deposited the Membership Fee.

Type of Apartment	A	B	C	D	E-I
Basic Grade	20-22	18-19	16-17	10-15	1-9
Gross Covered Area	2050 SFT	1750 SFT	1350 SFT	1150 SFT	950 SFT

- Membership Fee
 - FG Employees Rs.100,000/-
 - General Public Rs.200,000/-
- Write the code of Quota from the following quota's as per your entitlement.

Code	%	QUOTA'S DESCRIPTION	
F G	52	Federal Government Employees (Ministeries/Divisions/Attached Departments & their subordinate offices) in service	75% FG Employees
O R	10	Old Retirees (Retired before 01-07-2009) of FG Employees	
N R	10	New Retirees (Retired after 01-07-2009 but did not apply during service) of FG Employees	
A B	8	Autonomous Bodies in service	
A R	2	Autonomous Bodies (Retired)	
J R	2	Journalists	
M W	2	Media Workers	
C S	2	Constitutional in Service	
P R	2	Professional in Service	
H F	1	Employees of Housing Foundation in service	
H W	2	Employees of Ministry of Housing & Works & its attach departments in service	
W S	4	Widow of FG Employees (Ministeries/Divisions/Attached Departments & their subordinate offices) including PM Assistance Package	
D S	3	Major Disability FG Employees (Approved by the Medical Board) and those recruited against disability quota	
G P	25	General Public (All Pakistani Nationals are eligible to apply)	

- Write all the relevant "Personal" & "Official" information whether in Service or Retired or Deceased.
- Write a code of Domicile from the following.
- Write a code of Marital Status from the following.

Code	PROVINCE
F R	Federal
P U	Punjab
S U	Sindh Urban
S R	Sindh Rural
K P	Khyber Pakhtoon Khawa
B A	Baluchistan
F A	FATA
G B	Gilgit Baltistan
A K	Azad Jammu Kashmir

Code	MARITAL STATUS
1 0	Single
2 0	Married
3 0	Divorced
4 0	Widow
5 0	Widower

- Write a code of Religion in the relevant column.
- Write a code of Employment Status from the following.

Code	RELIGION
1 0	Islam
2 0	Christian
3 0	Hindu
4 0	Scheduled Caste
5 0	Others

Code	EMPLOYMENT STATUS
1 0	Regular
2 0	Temporary
3 0	Contractual
4 0	Work Charge
5 0	Daily Wages

- PRESENT GRADE is your Current Basic Pay Scale in which you are serving/retired or in case of widow the scale of her husband.
- In case of widow, Applicant's Name will be the name of widow and service particulars would be her husband's who died during service.
- Valid contact numbers are mandatory especially Mobile Number. Also if you have your E-mail Address please don't forget to write. Mobile and E-mail will be used for giving you the updated information.
- Write a code in Relation Code from the following.

Code	RELATIONSHIP
0 1	Father
0 2	Mother
0 3	Wife
0 4	Husband
0 5	Son
0 6	Daughter
0 7	Step Son
0 8	Step Daughter
0 9	Brother*
1 0	Sister*

* If no one in family members is alive then give details.

TERMS & CONDITIONS

Note: Please read all the Terms & Conditions for allotment of Apartment.

GENERAL

1. The allottee shall comply with and abide by the rules, regulations, by laws, orders and/or directions that may be issued by M/s EHFPRO (Pvt.) Ltd. from time to time.
2. Incomplete application forms will not be entertained.
3. Apartment allotted to an applicant should not be used for any purpose other than residential.
4. Excess charges, if any, will be levied under extremely unavoidable circumstances for which the client shall be taken into confidence prior to levy of such charges.
5. The allottee shall pay all taxes, charges etc., if any, to the government agencies/authorities under the laws/rules/orders in force or that may come into force at a later stage.
6. EHFPRO shall maintain steady progress of work according to the plan. However, EHFPRO does not accept responsibility for any delay in completion due to unforeseen circumstances or if allottees do not make payments according to the payment schedule.
7. EHFPRO retains and reserves the right at all times to make any changes in designs and specification of the project.
8. In case of any dispute between the allottee and EHFPRO, the dispute will be referred for arbitration to Executive Committee of Housing Foundation, whose decision shall be final and binding on parties to the dispute.
9. Every applicant will abide by these Terms & Conditions in addition to the bye-laws, rules and regulations governing allotment, possession, ownership, transfer, NOC, Mortgage etc, enforced from time to time by EHFPRO and any other civic agency.
10. Allottee in possession will bear expenses of all civic facilities availed in future with change of rates as and when required.
11. Allottee is bound to submit the original receipts whenever required and particularly at the time of transfer / handing over of possession to allottee by EHFPRO.
12. Apart from the price of apartment, the allottee will also pay documentation charges for leases, connections and meter charges of electricity, water and gas etc.
13. All common passages, services/amenities and the landscaped areas shall neither be constructed upon nor inappropriately utilized or rented out but will be exclusively used for purposes they are meant for.
14. All orders and instructions issued by EHFPRO from time to time and decisions taken in regard to the scheme shall be binding on all concerned.

ELIGIBILITY

15. Priority shall be given to those applicants who:
 - i. have not been allotted a house/flat or plot in Islamabad by Capital Development Authority or Federal Government Employees Housing Foundation or Pakistan Housing Authority Foundation or any other Government agency at any time irrespective of whether it was retained or disposed off. Each applicant shall have to submit an affidavit to this effect duly countersigned by a First Class Magistrate.
 - ii. If at any stage, contents of the Affidavit are found to be fictitious or false or any material facts are found to have been concealed/misstated or suppressed deliberately and knowingly or otherwise, the allotment shall be cancelled, the money deposited shall be forfeited and such legal action as deemed appropriate will be taken.
 - iii. In case both husband & wife are govt. servants then both are eligible for the allotment of apartment as individual service benefit, if they have not been earlier allotted house/plot/ apartment by federal government agency as stated above.
16. Applicants are entitled to apply for any type of apartment according to or below their entitlement. However allotment in higher category is not admissible.
17. Seniority of the applicants shall be maintained on the basis of "First Come First Serve" basis. In case of tie between applicants applying on the same day, criteria of "Age-wise Seniority" shall apply to determine their inter-se seniority. If again tie arises then selection shall be made on the basis of length of service and finally on the basis of grade.
18. Contractual/daily wages/work charge/contingent employees are not eligible.

ALLOTMENTS

19. Allotment under the terms & conditions shall be confirmed through Provisional Allotment Letter, which will be issued after receipt of application form and down payment as per payment schedule given in the brochure.
20. Allotment of apartments is subject to confirmation of service particulars from concerned department.
21. Final letter of allotment will be issued on receipt of total payment and fulfillment of aforementioned terms and conditions.

PAYMENTS

22. All payments should be made according to type and size of apartment located on the site, as per schedule of payments through Cash or Bank Drafts/Pay Order in favour of "EHFPRO (Pvt) Limited".
23. There will be a surcharge @ 2% per month (which is calculated @ 0.066% daily) for payments received from the allottee after due date as specified in the schedule of payments.
24. The tentative cost of finished apartment and the schedule of payment thereof is given in brochure.
 - i. The cost indicated is tentative and is subject to variations on account of unforeseen circumstances. The cost of construction of apartment shall be finally determined and charged from the allottees on the basis of actual expenditures incurred which will be communicated to the allottees in due course.
 - ii. Cheques will not be accepted.
 - iii. The allottees shall also be required to bear expenses on account of consultancy charges and any unforeseen expenses in the form of taxes, overheads including establishment/service charges of EHFPRO as may finally be determined and approved by the BoD of EHFPRO.
 - iv. The charges on account of water, electricity, gas connections, maintenance and other services/amenities shall have to be borne by the allottees themselves. For this purpose EHFPRO shall provide meaningful assistance and support.
 - v. For corner apartment, additional charges equal to 10% of the cost of the apartment shall be payable.
25. In case of any variation in the size of apartment for unavoidable reasons, the cost will be worked out on the basis of actual size of the apartment.
26. The payment of installment within the specified time limit shall be the responsibility of the allottee.
27. If an applicant decides to surrender allotment of the apartment after accepting its provisional allotment letter, the amount paid by him / her shall be refunded after deduction of 5% of the amount paid as establishment / service charges.
28. Rs.5,000/- for FG Employees and Rs.10,000/- for General Public shall also be payable as service/documentation charges by the successful allottees as shall be specified in Provisional Allotment Letter. These charges are non-refundable. In case of being unsuccessful, the amount of seed money shall be refunded in shape of cross cheque after deduction of Rs.5,000/- from FG employees and Rs.10,000/- from General Public as service/documentation charges.

CANCELLATION

29. If it is found that allotment has been secured by giving false information, the same will be withdrawn and apartment with amount deposited will be forfeited by EHFPRO.
30. If the payment plan is not followed and the allottee fails to pay installments within 30 days, allotment shall automatically stand cancelled and 25% payment will be forfeited which will be NON-REFUNDABLE.
31. EHFPRO, reserves the right to re-allot apartment surrendered by an allottee or cancelled due to non-payment of dues or misrepresentation of facts, to any other applicant or person and ex-allottee shall have no right to that apartment. The decision of EHFPRO shall be final and shall not be challenged at any time/forum.

TRANSFER

32. Except with the prior approval of EHFPRO in writing, the allottee can not transfer his/her right of the apartment by sale, abnormal lease and mortgage of such rights to any authorized loaning/giving agency.
33. Transfer of property rights of the apartment will subject to the policy of EHFPRO at the time of the request.
34. The allottee shall be able to sell/transfer the apartment to any one after clearance of 25% payment of the total cost of the apartment and upon payment of the transfer fee and any other applicable charges to EHFPRO. The transferee shall be bound to make payment of the said transferred apartment of the balance amount scheduled above.
35. In case transferee wishes to transfer the apartment to another party, the transferee is bound to clear all committed dues with EHFPRO before transfer can take place.
36. A transfer fee will be applicable upon transfer of apartment and will be calculated according to size of apartment as per rates specified by EHFPRO from time to time.

OTHERS

37. The allottee shall intimate EHFPRO of any change in his/her address failing which all communication meant for his/her will be sent at the address given in the application form and according to the policy of EHFPRO.
38. EHFPRO shall endeavor to complete the development works and hand over physical possession of the apartment to the allottee within thirty six months of provisional allotment. However, in case of any delay on account of unavoidable / unforeseen circumstances, the allottee shall not be entitled to claim any compensation from EHFPRO.
39. Possession of individual apartments shall be handed over on completion of entire development works and payment of full amount. The allottee shall take over possession of the apartment within 30 days of receipt of intimation from EHFPRO. In case of delay in taking over possession, EHFPRO shall charge Rs.10,000/- per month from the allottee.
40. Correspondence shall be addressed to an allottee at the last postal address given by him. It shall be the duty of the allottee to intimate instantly whenever there is any change in his postal address. EHFPRO shall not be responsible for non-delivery of notices, letters etc., due to change of address if not communicated to it.
41. Unsuccessful applicants would be intimated about their seniority number through website/E-mail/SMS. EHFPRO will not pay any interest / profit for delay in applying for withdrawal of deposited amount.

DECLARATION

I have read and understood all terms and conditions outlined in this application form consisting of 7 pages and I solemnly agree to abide by the same in letter and spirit and any other policy(ies) introduced by EHFPRO in future.



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Signature of the Applicant

Left Thumb Impression

Date