



**CABINET DIVISION EMPLOYEES  
COOPERATIVE HOUSING SOCIETY (CDECHS).  
(Regd. No. 26)**

First Floor, Office Tower, 44-East,  
Fazal-e-Haq Road, Blue Area, Islamabad.

Specimen

Original Form of Rs. 100

**APPLICATION FORM  
FOR MEMBERSHIP**

(Please fill in the Form in Capital and legible words)

1. Full Name \_\_\_\_\_
2. Father's /Husband's Name \_\_\_\_\_
3. National Identity Card No. \_\_\_\_\_  
(A copy of NIC to be enclosed)
4. Date of Birth \_\_\_\_\_
5. Status (i.c. Employee/ex-employee/Private citizen (please state exact status))  
\_\_\_\_\_
6. Official Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_
7. Residential/Mailing Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_
8. Nomination (i) Name: \_\_\_\_\_  
(ii) Relationship to the applicant \_\_\_\_\_  
(iii) N.I. Card No. of the Nominee \_\_\_\_\_  
(A copy of NIC to be enclosed)
9. Demand Draft /Pay Order/Bank Receipt of Rs. 525/- (Rs. 100/- Admission Fee. Rs. 100/- Share Money, Rs. 25/-stationery charges) bearing No. \_\_\_\_\_  
Dated \_\_\_\_\_ in enclosed.
10. I hereby undertake to abide by the by-laws of the Society and declare that the particulars given by me above are correct to the best of my knowledge.

Date \_\_\_\_\_

Signature of the applicant

Recommendations of the two Members of the Society.

1. \_\_\_\_\_

2. \_\_\_\_\_

## UNDERTAKING

1. Undertake to:
  - (a) make all the requisite payments to the Society within the stipulated period through Bank Drafts/Pay Orders in my name written overleaf invariably.
  - (b) abide by the terms and conditions governing allotment of plots by the Cabinet Division Employees Cooperative Housing Society.
  - (c) abide by the construction regulation and/or amendments made therein from time to time and shall also be bound to complete construction of the house within the time limit determined by the CDA.
2. I am aware that possession of the plot, if allotted, shall be handed over to me after necessary utilities and services have been arranged by the Society.
3. The plots shall be transferable after making full payment of the cost of land.
4. The final cost of land payable by me shall be subject to actual site measurement at the time of handing over of the plot to me.
5. I understand that my membership shall stand automatically cancelled if the schedule of payment given in the brochure of CDI, CIIS, is not strictly adhered to by me.

SIGNATURE OF THE APPLICANT  
(As token of acceptance)