

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)