



Directorate of Estate Projects
PAF Complex Sector E-9 Islamabad

DEPOSIT CHALLAN

FAZAIA HOUSING SCHEME GUJRANWALA

Date. ___ / ___ /20___

* Applicant's / Member's Name. _____

*Registration/Membership No. _____
(if applicable)

*Applicants's / Member's CNIC _____

*Contact No. _____

*Nature / Type of payment (Booking / down payment / Installments / DPC or Others _____
(Please tick / specify)

* Mandatory entries.

Amount is to be deposited at any Branch of the following banks account:

Title of Bank Account : DTE OF EP AHQ ISLAMABAD (FHSG)

MCB A/C No. 0767537301001632

HBL A/C No. 00427991803303

Please (v) one Bank A/C.

Detail of Payment	Amount (Rs.)
<input type="checkbox"/> Cash _____	
<input type="checkbox"/> DD/P.O No. _____	
Dated: _____	
Drawn On Bank _____	
Total	

Amount in Words: _____

Collecting Bank Branch _____

City _____ Branch Code _____

Depositor's Signature

Branch Stamp and Sign.

Stamp of bank on challan form is compulsory otherwise claim will not be acceptable.

FOR OFFICIAL USE

Date _____ Sign and Stamp of Officer

Collecting Branch's Copy

(To be retained by the Collecting Branch)



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PAF Complex Sector E-9 Islamabad

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Date _____ Sign and Stamp of Officer

PAF Directorate's Copy

(To be forwarded by Applicant / Member to Dte of Estate Projects, AHQ Islamabad)



Directorate of Estate Projects
PAF Complex Sector E-9 Islamabad

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Applicant's / Member's Copy

(To be retained by the Customer / Depositor)