

INSTRUCTIONS

1. To facilitate, all PAF members of Fazaia Housing Schemes, to deposit their dues (membership fee, booking amount, installments, development / additional development, care maintenance charges, Delay Payment Charges and Transfer Fee etc) following arrangement have been made with undermentioned banks:-

- (a) MCB Bank Ltd
- (b) Habib Bank Ltd
- (c) Allied Bank Ltd
- (d) Askari Bank Ltd

2. **Payment through Deposit at Counter.**

All PAF members, irrespective of their bank, can deposit their dues through any branch of MCB, HBL, ABL and AkBL (within Pakistan), as following procedure:-

(i) Print out the Deposit Challan Form from the respective Fazaia Housing Scheme Portal (PAF Intranet / Fazaia Housing Scheme website).

(A) Fill in the personal information (Name, Membership No, CNIC No and Contact No).

(B) Write nature of payment dues (membership fee, booking amount, installments, development / additional development, care maintenance charges, Delay Payment Charges and Transfer Fee etc).

(C) Select (v) the Bank.

(D) Select (v) mode of payment (cash / DD / PO) and write amount in digit and words.

(ii) Visit any branch of the selected bank.

(iii) Deposit amount in cash / DD / PO.

(iv) Obtain two copies of Challan Form / Deposit Slip duly stamped by the bank.

(vi) Keep one copy for personal record and second copy may dispatch to Dte of EP through mail or inform through e-mail dte_of_ep@yahoo.com.

3. **Online Payment through e-Banking (Internet / Mobile Apps).** This facility is under process with abovementioned banks. The instructions will be communicated shortly.

4. For any assistance / query contact Directorate of Estate Project (Query Cell) at following numbers:-

- (a) 051-9505297
- (b) 0323-9401339

Date. ___/___/20___

*Applicant's / Member's Name. _____

*Registration/Membership No. _____
(if applicable)

*Applicants' / 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 (FHST)

 MCB A/C No. 0526338571001635	
 HBL A/C No. 00427991803403	
 ABL A/C No. 0010022790810030 (Coll A/C)	
 AkBL A/C No. 178-0100007723 (ACMS)	

Please (v) one Bank A/C.

Detail of Payment	Amount (Rs.)
Cash _____	
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)

Date. ___/___/20___

*Applicant's / Member's Name. _____

*Registration/Membership No. _____
(if applicable)

*Applicants' / Member's CNIC _____





*Contact No. _____

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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 _____

HBL / MCB / ABL PAF COMPLEX, E-9 / AkBL E-8 Branch's Copy
(To be forwarded to HBL / MCB / ABL PAF Complex E-9 / AkBL E-8 Branch)

Date. ___/___/20___

*Applicant's / Member's Name. _____

*Registration/Membership No. _____
(if applicable)

*Applicants' / Member's CNIC _____





*Contact No. _____

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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 _____

PAF Directorate's Copy
(To be forwarded by Applicant / Member to Dte of Estate Projects, AHQ Islamabad)

Date. ___/___/20___

*Applicant's / Member's Name. _____

*Registration/Membership No. _____
(if applicable)

*Applicants' / Member's CNIC _____





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FOR OFFICIAL USE

Date _____ Sign and Stamp of Officer _____

Applicant's / Member's Copy
(To be retained by the Customer / Depositor)