



Date: \_\_\_\_\_

\*Applicant's / Member's Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \*Applicant's/Member's CNIC \_\_\_\_\_  
 \*Contact No \_\_\_\_\_  
 \_\_\_\_\_  
 \*Type of payment \_\_\_\_\_  
Down Payment /Installment / Development Charges / Others  
 \*Registration/Membership No \_\_\_\_\_  
 (if applicable)  
 \*( these fields are mandatory to filled)

Amount is to be deposited at any Branch of following Banks

Title of Bank Account Fazaia Housing Scheme Aviation City Kamra  
**HBL** A/C No  00427991977803  
**BAHL** A/C No  0080-900715-01 / 0225-0980-002066-01-4

Mode of Payment	Amount (Rs.)
Cash _____	_____
DD/PO No _____	_____
Dated _____	_____
Drawn On Bank _____	_____
<b>Total</b>	_____

Amount in Words : \_\_\_\_\_

Collecting Bank Branch \_\_\_\_\_

City \_\_\_\_\_ Branch Code \_\_\_\_\_

..... Depositer's Signature .....

..... Branch Stamp and Sign .....

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

Collecting Branch's Copy  
 (To be retained by the collecting Bank Branch )

Date: \_\_\_\_\_

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FHS Aviation City, Kamra Copy  
 (To be forwarded by Applicant / Member to FHS Aviation City Kamra)

Date: \_\_\_\_\_

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 \*Applicant's/Member's CNIC \_\_\_\_\_  
 \*Contact No \_\_\_\_\_  
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Collecting Bank Branch \_\_\_\_\_

City \_\_\_\_\_ Branch Code \_\_\_\_\_

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