



FAZAIA HOUSING SCHEME LAHORE-I

DEPOSIT CHALLAN

Date.  / /20

\*Applicant's / Member's Name. \_\_\_\_\_

\*Registration/MembershipNo. \_\_\_\_\_  
(if applicable)

\*applicant's / Member's CNIC \_\_\_\_\_

\*Contact No. \_\_\_\_\_

\*Nature / Type of payment (Booking / down payment / Installments  
CMC/ DPC or Others \_\_\_\_\_)

Amount is to be deposited at any Branch of ABL Bank account:

Title of Bank Account  
AHQ PROJECT-I  
(DETT) LAHORE-I REVENUE



ABL A/C No.00620010067693780037

(Revenue Account)

Detail of Payment	Amount (Rs.)
CASH	
<b>Total</b>	

Amount inWords: \_\_\_\_\_

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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Depositor's Signature \_\_\_\_\_

Branch Stamp and Sign. \_\_\_\_\_

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Date \_\_\_\_\_ Sign and Stamp of Officer \_\_\_\_\_

Fazaia Finance Section Copy

(To be forwarded by Applicant / Member to Fazaia Housing Scheme Lahore)



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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)