



FAZAIA HOUSING SCHEME LAHORE-II

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-II REVENUE



ABL A/C No.00620010067693780043

(Revenue Account)

Detail of Payment	Amount (Rs.)
CASH	
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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Fazaia Finance Section Copy

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



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Applicant's / Member's Copy

(To be retained by the Customer / Depositor)