

APPLICATION FOR VOLUNTARY WITHDRAWAL/TERMINATION OF MEMBERSHIP																							
RELATIONSHIP #												Date	/	/20									
Full Name																							
Father Name																							
Designation											BPS												
Office / Department																							
Postal Address																							
E-mail Address (If Any)																							
Phone Numbers	Home											Office							Mobile				
National Identity Card Numbers	New																						
	Old																						
Personal Numbers	New (PIFRA)																						
	Old																						
PPO Number (If Retired)																							

AFFIDAVIT / UNDERTAKING (ALSO TO BE GIVEN ON STAMP PAPER)

I hereby solemnly declare that I have applied for termination of membership voluntarily. I also understand and confirm that my membership will be **permanently** terminated and I will not be subsequently entitled / admitted for the membership for any allotment of house by PGSHF. I have no objection if decision with regard to termination of membership is taken without my personal hearing as required under Section 14(1) of PGSHF Act, 2004 (amended on 05.01.2013).

Member's Signatures/Thumb Impression*

Note: Please mark a tick on Yes/No against the followings: -

- i. Application routed through DDO Office /Department Concerned. (Yes / No)
(For Non Gazetted Members only)
- ii. Legible attested copy of CNIC attached. (Yes / No)
- iii. Legible attested copy of the latest salary slip/paid manual pay bill attached. (Yes / No)
- iv. Member's signatures on this application duly matched with that of CNIC. (Yes / No)
- v. Thumb impression has been attested by DDO. (Yes / No)
- vi. The above given Affidavit/Undertaking on Stamp Paper (in original) attached. (Yes / No)