

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: -

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