



Serial No: \_\_\_\_\_

**DEFENCE HOUSING AUTHORITY QUETTA (DHAQ)  
INTIMATION LETTER APPLICATION FORM**

1. DHAQ Affidavit File No: \_\_\_\_\_ / \_\_\_\_\_ of Case No: \_\_\_\_\_

2. Issued to: \_\_\_\_\_

3. Nominated Person (to whom IL is required to be issued): -

a. Name: \_\_\_\_\_

b. S/D/W/O: \_\_\_\_\_

c. CNIC No: \_\_\_\_\_

d. Address: \_\_\_\_\_  
\_\_\_\_\_

e. Contact No: \_\_\_\_\_

4. Processing Charges: -

Normal (3 x Working Days) – Rs 9,500

Urgent (same day on submission before 1100 hours) – Rs 15,000

5. Challan Form No: \_\_\_\_\_ Dated: \_\_\_\_\_

6. Depositor's Name: \_\_\_\_\_

S/D/W/O: \_\_\_\_\_

CNIC No (Attach Copy): \_\_\_\_\_

Contact No: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Documents to be Attached (Nominee)**

- Original Affidavit File
- 2 x Photographs (Passport Size)
- 2 x Photocopies of CNIC
- Paid Challan Form (Original & Photocopy)



Serial No: \_\_\_\_\_

**DEFENCE HOUSING AUTHORITY QUETTA (DHAQ)**  
**RECEIPT OF AFFIDAVIT FILE FOR PROCESSING OF IL**  
**LAND DIRECTORATE**

DHA Quetta Original Affidavit File No: \_\_\_\_\_ / \_\_\_\_\_ of Case No: \_\_\_\_\_

has been received from \_\_\_\_\_

S/D/W/O \_\_\_\_\_ CNIC No \_\_\_\_\_

Mob No \_\_\_\_\_ for issue of Intimation Letter (IL) on \_\_\_\_\_ (Date).

Manager / Assistant Manager Land

Given Date for Collection: \_\_\_\_\_

.....

**RECEIPT OF IL**  
**(To be filled on the day of Collection of IL)**

It is certified that I, \_\_\_\_\_

S/D/W/O \_\_\_\_\_ CNIC No \_\_\_\_\_,

have received Intimation Letter No \_\_\_\_\_ from Land Directorate of DHA

Quetta against above mentioned Affidavit File.

Signature:

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

Thumb Impression:

**AUTHORITY LETTER**

1. It is certified that the undernamed person is authorized to collect Intimation Letter against Affidavit File No \_\_\_\_\_ / \_\_\_\_\_ of Case No \_\_\_\_\_ from DHA Quetta on behalf of the undersigned: -

a. Name: \_\_\_\_\_

b. S/D/W/O: \_\_\_\_\_

c. CNIC No: \_\_\_\_\_

2. Three specimen Signatures and Thumb Impression of the individual are appended below: -

\_\_\_\_\_

**AUTHORIZED BY:**

**Depositor**

**Nominee**

**Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Thumb Impression:**

\_\_\_\_\_

\_\_\_\_\_

**Name:**

\_\_\_\_\_

\_\_\_\_\_

**CNIC No:**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

\_\_\_\_\_

\_\_\_\_\_