SPECIAL POWER OF ATTORNEY

KNOV	N ALL N	IEN BY THESE	PRESEN	TS, mad	e at	OI	n the	
day o	of	that I,		_, S/o		_, CNIC	No	
Pass	port No.							currently residing at
								, and
				_				, as my or any of the acts or
	-	ter mentioned t		-	ii to do i	oi execu	ie aii	of any of the acts of
•				•	esnect (of File Re	ef No	
٠.			-		-			la situated in Phase 1
					_			
	in DHA Multan, and wherever my presence is necessary and to sign on my behalf wherever my signatures are required as my special attorney and authority.							
								•
۷.	2. To make payments of all dues, taxes, premiums, outstanding, liabilities etc, directly the concerned authorities/DHA Multan and obtain valid receipt thereof.							
0							•	
3.	To look after, manage, control, supervise, and to obtain No Objection Certificate clearance certificate etc., whenever required in connection with the entire affairs of my							
			c., wnenev	er require	ea in co	nnection	with	the entire affairs of my
	said pro							
4.	To app	ear and act in c	offices of De	etense H	ousing <i>F</i>	Authority	Mult	an on my behalf.
	AND G	ENERALLY , to	do all othe	r lawful a	cts, mat	ter, deed	s and	d things in connection
with n	ny afore	said property in	my name	and on n	าy beha	ılf and I c	lo he	reby agree that acts,
deeds	s, and th	nings done by	my attorne	y shall b	e const	ructed to) hav	e been done by me
perso	nally and	d I undertake to	rectify and	d confirm	the sam	ne.		
IN WI	TNESS	WHEREOF. I h	ave signed	this dee	d on	day of		2024.
							<u>ECUTANT</u>	
				A	ddress			
			<u>\</u>	WITNESS				
1. Nam								
Addr								