

DAILY VISITOR REGISTRATION FORM

Document Reference: 4455003

Name:		
CNIC No:	Temporary Address:	Photo
Permanent Addres	ss:	
Cell No:	Occupation:	
Department / Com	npany:	
	FINGER PRINTS OF APPLICANT (Einger prints will be affixed in Security Pranch Office)	
	(Finger prints will be affixed in Security Branch Office)	
	Signatur	e of Individual
	<u>VERIFICATION</u>	
I	Son / Daughter / Wife of	
CNIC No	Cell No Land Line No (if any)	
UC Nazim (Counc	ilor) / Head of department / Company hereby certify / verify that informa	tion regarding above
mentioned person	is correct.	
Note: The card hol	lder will return card to DHA security on termination of duty / job.	
Name [.]		
		 Signature
		
Verification throug	gh DVRS System	

DOCUMENT REQUIRED

- 1. 1 x Photocopy of CNIC.
- 2. 2 x photographs of individual
- 3. Pay Rs.25/- for online NADRA verification of CNIC of individual for preparation of card.