



AFFIX YOUR
PHOTOGRAPH

REQUISITION FOR REGISTRATION OF PLOT

1. **Project Name** Awesome Adda
2. **Pass Book No.** _____
3. **Date of Joining** _____
4. **Name of customer** _____
5. **On whose name Registration is to be affected
(To be filled in block letters by the Applicant)** _____
6. **S/o, D/o, W/o** _____
7. **Age/Date of Birth** _____
8. **Occupation** _____
9. **Residential Address** _____

If minor, Father's/ Natural Guardian's Name _____

Father's Name _____

Age _____

Occupation _____

10. **Plot Details.** 1) Plot No. _____ 2) Extent _____

Any other particulars _____

We request your good self to deliver the original document by Register post or we shall collect it personally on execution of the same as per Company schedule of Registrations.

NORTH: _____
SOUTH: _____
EAST : _____
WEST : _____

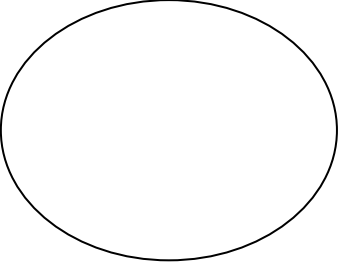
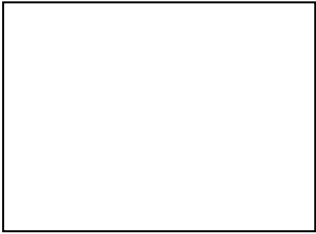
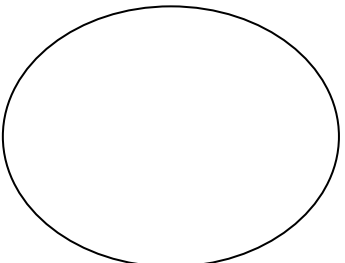

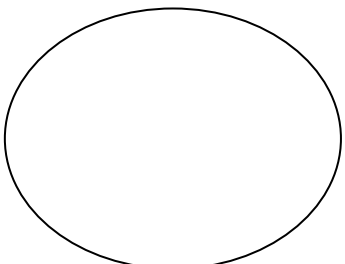

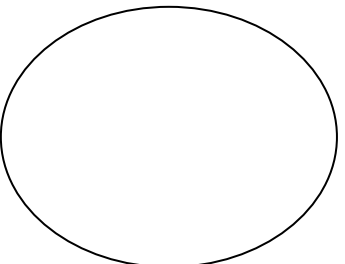

(Signature of the Customer)

Name:

1. Member can opt his/her final choice on whose name the Registration is to be done irrespective of the membership, any subsequent alternations after the Registration are at the cost of the member only.

2. Registration expenses are subject to revision as per the Government value from time to time.

**PHOTOGRAPHS AND FINGER PRINTS AS PER SECTION 32 A OF REGISTRATION
ACT, 1908.**

FINGER PRINT IN BLACK INK (LEFT THUMB)	PASS PORT SIZE PHOTOGRAPH	NAME & PERMANENT POSTAL ADDRESS OF PRESENTANT/SELLER/BUYER
		<p>M/s Incredible India Projects Pvt. Ltd., Rep by its Director, <hr/> <hr/> <hr/> <hr/> <p align="right">(Seller)</p> </p>
	<p>AFFIX YOUR PHOTOGRAPH</p> 	<hr/> <hr/> <hr/> <hr/> <p align="right">(Buyer)</p>
		<hr/> <hr/> <hr/> <hr/> <p align="right">(Witness No.1)</p>
		<hr/> <hr/> <hr/> <hr/> <p align="right">(Witness No.2)</p>

SIGNATURE OF WITNESSES:-

- 1.
- 2.

SIGNATURE OF EXECUTANT

Note: If the Buyers (S) is/ are not present before the Sub Registrar, the following should be signed.

I/We send her/him with my/our photograph(s) and fingerprints in the prescribed form, through my Representative, Sri as I/We cannot appear personally before the Registering Officer in the office of Sub Registrar of assurance

Signature of the Representative

Signature of witnesses:

Signature(s) of BUYER(s)