

Date :



AFFIX YOUR
Recent B/W
PHOTOGRAPH

REQUISITION FOR REGISTRATION OF PLOT

1. Project Name : _____
2. Pass Book No. : _____
3. Date of Joining : _____
4. Name of customer : _____
5. On whose name Registration is to be effected
(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 (Present) : _____

10. Contact No. & Email ID : _____
11. If Minor, Father's / Natural Guardian's Name _____
12. Plot Details. 1) Plot No. _____ 2) Extent _____
13. Any other particulars _____

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

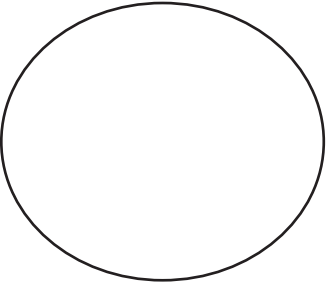

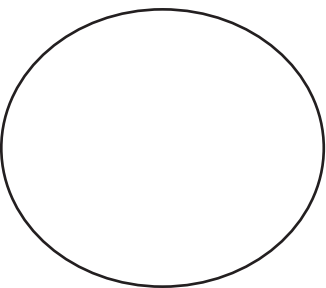
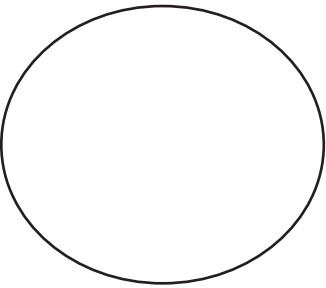

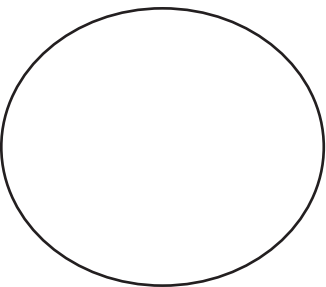

NORTH : _____
SOUTH : _____
EAST : _____
WEST : _____

(Signature of the customer)

Name :

1. Member can opt his/ her final choice as to whose name the Registration is to be done irrespective of the membership . **Any subsequent alteration after the Registration are at the cost of member only.**
2. Registration expenses are subject to revision as per the Government Value / Company Norms 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 PRESENT/SELLER/BUYER
		<hr/> <hr/> <hr/> <hr/> <p align="right">(Seller)</p>
	<p>AFFIX YOUR RECENT B/W PHOTOGRAPH</p>	<hr/> <hr/> <hr/> <hr/> <p align="right">(Buyer)</p>
		<hr/> <hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/> <hr/>

SIGNATURE OF WITNESSES:

- 1.
- 2.

SIGNATURE OF EXECUTANT

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

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

Signature of the Representative

Signature of BUYER (s)