

Bank Name

Counter Signature with Seal

Stock Holding Corporation of India Limited Registered office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400012

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VER 5.2 040414

e-Stamping Application Form Valid For Delhi

Application Date / /20 / (Tallows are) Descriptional to 110036 Office Application Date Application Date															
Application Date		1	/20		(✓ Tick any	one)		Registerable		Non-Regis			sterable		
Document Description					Article			s	tamp Du	uty Amount	₹ Ind	lian F	Rupe	es on	ly
				Prope	erty Desci	eding 100 cl	haracte	rs)							
							Consi	deration of F	roperty	₹					
				First F	Party Deta	ilS (name n	ot exc	eeding 50 c	haracte	ers)					
Name															
Address															
Phone				PAN						Pin Code					
				Second	Party De	tails (name	not e	xceeding 50) charac	cters)					
Name															
Address															
Phone				PAN						Pin Code					
Stamp Duty Payment Details (name not exceeding 50 characters)															
Stamp Duty Purchased by															
Stamp Duty Paid by (✓ Tick)			1st Party 2nd Party Payment										U N	IEFT	
				<u> </u>	,	Payment		RTGS				sfer			
Stamp Duty I	Paid by - G	ender (✓ Tick)		Male	☐ Femal	е	└ Joii	ntly paid T	tly paid by Male & Female			Others		
	Chequ	ie / DD	/ Pay-Order / NEFT / RTGS / Account Detail					Cash Dep			sit			₹	
Bank Name			Branch Name Cheque			DD /PO /UTR /REF/Account No.			Deno. Pieces						
								1000		X					
									500 X						
									100 X						
									50 X			_			
									20 X			_			
									10 X 5 X		_				
Rupees (in Words):									_	X					
Rupees (III Words) .										X					
									Total						
1. Please submit th					amount at the e-S	Stamping counter									
2. Stamp Duty amo 3. The correctness	of Article type	and Stam	Duty amour	nt cannot be co			f tha a C	Name and only	han ainn th						
 Once the e-Starr Once the e-Starr State Government 	p has been ge										uthority a	at the Star	mp Offic	e appointe	ed by the
6. Cancellation cha		cable as le	vied by the S	tate Governme	ent										
I have read an	d understo	od the a	above inst	ructions an	d the Informa	ation given by	me in	this form is	true to t	he best of my	knowl	edge a	nd beli	ief.	
Name of the Party/ Representative: Signature:															
l vorify that th	o Annlica	tion Fo	rm is in o	rdor		(For Office u	se on	ly)							
I verify that the Application Form is in order To be filled by <u>USER</u>										To be fi	lled by	/ SUPI	ERVIS	<u>OR</u>	
SUBIN							Certi	ficate Numb	er IN						
Signature							Sign	ature							
										Signature:					
Otamp Certill	Jake TeceIV	ou by	ivallie.	0 -					0						
SUCILE SA						Receipt			>	<		(To be 1		h., 45	aliant)
SHCIL E-St Stamp Duty	amping					veceibt				<u>`</u>			be filled in by the client)		
Purchased B	у				,			Stamp Duty Paid by		☐ 1st Pa		☐ 2r			
Stamp Duty Amount ₹ Type of Payment □ Cash □ Cheque □ DD □ Pay-Order □ N □ RTGS □ Account to Account Transfer										NEFT					
Cheque/ DD/	 ' PO/ UTR/	REF/A	count No.					Date: / /20							

Branch Name