



**e-Stamping Application Form for Rs.500/- and less for NCT of Delhi
Stock Holding Corporation of India Limited**

Regional office : 2nd Floor, 3, Vardhman Trade Centre, DDA Complex, Nehru Place, New Delhi - 110019

Visit us at : www.shcilestamp.com

Ver 6.0 16.08.2012

First Party Details		_____
		(name not exceeding 50 characters)
Address	(less than 100 characters)	_____

Second Party Details	_____
	(name not exceeding 50 characters)

Article	_____
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Stamp Duty Paid by	(<input checked="" type="checkbox"/> Tick) <input type="checkbox"/> 1st Party <input type="checkbox"/> 2nd Party	Stamp Duty Amount ₹ Indian Rupees only
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1. Please submit the duly filled and signed form along with stamp duty amount at the e-Stamping counter
2. Stamp Duty amount should be rounded off to the nearest Rupee
3. The correctness of Article type and Stamp Duty amount cannot be confirmed at the e-Stamping counter
4. Once the e-Stamp is generated no modifications/changes are possible, so carefully check the preview of the e-Stamp and only then sign the preview
5. Once the e-Stamp has been generated, payment cannot be cancelled or refunded by SHCIL.
6. For cancellation you need to get in touch with the Competent Authority at the Stamp Office appointed by the Government
7. Cancellation charges are applicable as levied by the Government
7. **THIS FORM IS APPLICABLE FOR NCT OF DELHI FOR STAMP DUTY PAYMENT FOR RS. 500/- AND LESS**

I have read and understood the above instructions and the Information given by me in this form is true to the best of my knowledge and belief.

Name of the Party/ Representative:

Signature:
(Name of Purchaser)

(For Office use only)

I verify that the Application Form is in order
To be filled by **USER**

To be filled by **SUPERVISOR**

SUBIN	_____	Certificate Number	IN	_____
Signature	_____	Signature	_____	_____
Stamp Certificate received by	Name: _____	Signature:	_____	_____

SHCIL E-Stamping Receipt		<i>(To be filled in by the client)</i>
Stamp Duty Amount ₹ Indian Rupees only	Stamp Duty Paid by <input checked="" type="checkbox"/> Tick) <input type="checkbox"/> 1st Party <input type="checkbox"/> 2nd Party	Date : _____ / _____ / _____
		For Stock Holding Corporation of India Ltd. (Authorised Signatory)