Annexure	I
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Latest coloured photograph duly attested

# **AFFIDAVIT BY TRANSFEREE**

1. l,		aged a	bout years	, wife/son/daugh	iter of	
reside	ent of_		ha	ving PAN No (		) do
hereb	y soler	mnly affirm and dec	clare on oath as ເ	nder:-		•
	(a)	That I was marrie	d to	on		_·
		That my husband			_died on	
	and I	am his widow/son/	daugnter.			
	(c) T	hat I have not re-m	arried after the d	eath of my husba	and.	
		nat I am the same p nded below:-	person whose sig	nature and thum	b impressio	n are
		Signature				
		Thumb Impressio	n			
					DEPON	ENT
					(Signatu	
VERI	FICAT	<u>ION</u>			(3.9.14.0	3)
		ed at				
		tents of the above a		_	_	and belief. No
part o	t this a	iffidavit is wrong an	d nothing has be	en concealed the	eretrom.	

DEPONENT (Signature)

NOTE: This affidavit is required to be executed on non-judicial stamp paper of Rs 10/- or value as prescribed by State Govt where executed whichever is more and to be attested (including latest coloured photograph) by First Class Magistrate or Notary Public. Notarial Stamp of Rs 5/- is to be affixed if attested by Notary Public. Affixing of Thumb Impression is mandatory. The affidavit must have a latest photograph and thumb impression duly attested. Legal documents without thumb impression shall not be accepted. Transferee must have mentioned PAN number.

## **Annexure II**

Latest coloured photograph duly attested

#### INDEMNITY BOND BY TRANSFEREE

1.	l,		aged about	years	s, wife/son	/daughter of
		resident of _				having
PAN	No (	) do hereby solemn	lly affirm and de	eclare on oa	th as unde	r:-
		husband/father/mothe		di	ed on	and
	is survived	by the following legal I	neirs only:-			
	(i)	Smt	Aged	Yrs (Wido	ow)	
	(ii)	Shri				
	(iii)					
	(iv)	Miss/Mrs	Aged	Yrs (Daug	ghter)	
	(v)	Miss/Mrs	Aged	Yrs (Son/	Daughter-i	n-law)
		te (Name of Allottee) h				
		at be to				
	•	ransferee) after his /he	er death pursua	ant to his/hei	r Registere	ed Will
	dated	•				
	*(Only if a F	Registered (Probated)	'Will' left by the	e deceased).		
	(c) That Fl	at No Ty	/ne	Sector	at	be
		in the name				
		ughter of the decease		(		,,
		ce to indemnify AWHC				
		(Name				
		Name of Allottee) mal			t No	Iype
	Sec	torat	from AWHC	).		
			Deponent		Deponen	t
			(Thump Impre			
VEDI	IFIC ATION					
VERI	Verified at	on	this	day of	that	the contents
of the		on mnity bond are true to		day of		the contents
		ong and nothing has be			and belie	i. No part of
		and nothing had be	20 00.100a10a			
			Deponent		Deponen	t
			(Thump Impre	ssion)	(Signatur	e)
				•	. =	•

NOTE: This Indemnity Bond is required to be executed on non-judicial stamp paper of Rs 100/- or value as prescribed by State Govt where executed whichever is more and to be attested (including latest coloured photograph) by First Class Magistrate or Notary Public. Notarial Stamp of Rs 5/- is to be affixed if attested by Notary Public. Affixing of Thumb Impression is mandatory. Legal documents without thumb impression shall not be accepted. Transferee must have mentioned PAN number.

#### **Annexure III**

Latest coloured photograph duly attested

### **AFFIDAVIT**

Type Sector at, originally allotted to late is transferred in the name of (Transferred widow/ son/daughter of the deceased allottees.  Deponent Deponent (Thump Impression) (Signature)  VERIFICATION  Verified at on this day o f		I, wife/son/daughter of					resident		
(a) That my husband/fatherexpired ona survived by the following legal heirs only:-  (i) Shriaged(Father)  (ii) Smtaged(Mother)  (iii) Shriaged(Brother)  (iv) Miss/Mrsaged(Sister)  (v) Shriaged(Son)  (vi) Miss/Mrsaged(Son)  (vi) Miss/Mrsaged(Con)  (Con)  (Vii) Miss/Mrsaged(Con)  (Con)  (Con)  (Transitude)  (Transitude)  (Verified atoriginally allotted to late  (Transitude)  (Transitude)  (Deponentoriginally allotted to late  (Transitude)  (Transitude)  (Deponentoriginally allotted to late  (Transitude)  (Transitude)  (Deponentoriginally allotted to late  (Transitude)  (Deponentoriginally allotted to late  (Transitude)  (Transitude)  (Deponentoriginally allotted to late  (Transitude)  (Tra			hav	ving PAN No	do here	by solemnly a	ffirm/declare on oath		
survived by the following legal heirs only:-  (i) Shriaged									
(ii) Shriaged(Father) (iii) Smtaged(Mother) (iii) Shriaged(Brother) (iv) Miss/Mrsaged(Sister) (v) Shriaged(Son) (vi) Miss/Mrsaged(Daughter)  (b) That I have no objection if the booking / allotment of Flat No TypeSectorat, originally allotted to late is transferred in the name of(Transitivition) widow/ son/daughter of the deceased allottees.  DeponentDeponent (Thump Impression) (Signature)  VERIFICATION  Verified aton this day of  That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.  DeponentDeponent		(a)	That r	my husband/father		expired or	nand is		
(ii) Smtaged(Mother) (iii) Shriaged(Brother) (iv) Miss/Mrsaged(Sister) (v) Shriaged(Son) (vi) Miss/Mrsaged(Son) (vi) Miss/Mrsaged(Daughted)  (b) That I have no objection if the booking / allotment of Flat No TypeSectorat, originally allotted to late is transferred in the name of(Transferred) widow/ son/daughter of the deceased allottees.  DeponentDeponent (Thump Impression) (Signature)  Verified aton thisday of  That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.  DeponentDeponent		surviv	ed by t	the following legal he	eirs only :-				
(iii) Shri			(i)	Shri		aged	(Father)		
(iv) Miss/Mrsaged(Sister) (v) Shriaged(Son) (vi) Miss/Mrsaged(Daughter)  (b) That I have no objection if the booking / allotment of Flat No TypeSectorat, originally allotted to late is transferred in the name of(Transferdow) (Transferdow)  widow/ son/daughter of the deceased allottees.  Deponent			(ii)	Smt		_aged	(Mother)		
(v) Shriaged(Son)  (vi) Miss/Mrsaged(Daughter  (b) That I have no objection if the booking / allotment of Flat No TypeSector at, originally allotted to late is transferred in the name of(Transferred widow/ son/daughter of the deceased allottees.  Deponent (Thump Impression) Deponent (Signature)  VERIFICATION  Verified at on this day o f  That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.			(iii)	Shri		aged	(Brother)		
(vi) Miss/Mrsaged(Daughter  (b) That I have no objection if the booking / allotment of Flat No TypeSector at, originally allotted to late is transferred in the name of(Transferred) widow/ son/daughter of the deceased allottees.  Deponent (Thump Impression) (Signature)  VERIFICATION  Verified at on this day o f  That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.  Deponent Deponent			(iv)	Miss/Mrs		aged	(Sister)		
(b) That I have no objection if the booking / allotment of Flat No Type Sector at, originally allotted to late is transferred in the name of (Transferred) widow/ son/daughter of the deceased allottees.  Deponent (Thump Impression) (Signature)  VERIFICATION  Verified at on this day o f  That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.  Deponent Deponent			(v)	Shri		aged	(Son)		
Type Sector at, originally allotted to late is transferred in the name of (Transferred widow/ son/daughter of the deceased allottees.  Deponent Deponent (Thump Impression) (Signature)  VERIFICATION  Verified at on this day o f  That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.  Deponent Deponent			(vi)	Miss/Mrs		_aged	(Daughter)		
(Thump Impression) (Signature)  VERIFICATION  Verified aton this day o f  That the contents of the above affidavit are true to the best of my knowledge and be no part of this affidavit is wrong and nothing has been concealed therefrom.  Deponent Deponent	(b) That I have no objection if the booking / allotment of Flat No  Type Sector at, originally allotted to late  is transferred in the name of (Transferee widow/ son/daughter of the deceased allottees.								
Verified aton this day o f  That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.  Deponent  Deponent					•	ression)	•		
That the contents of the above affidavit are true to the best of my knowledge and be No part of this affidavit is wrong and nothing has been concealed therefrom.  Deponent  Deponent	VERIFICATION								
No part of this affidavit is wrong and nothing has been concealed therefrom.  Deponent  Deponent		Verifie	ed at _	on thi	S	day o f			
· ·	That the contents of the above affidavit are true to the best of my knowledge and belief. No part of this affidavit is wrong and nothing has been concealed therefrom.								
					•	ression)	•		

Note: The affidavit should be got attested by 1st Class Matistate or Notary Public. If attested by Notary Public, Notarial Stamp of Rs 5/- be affixed.

NOTE: This affidavit is required to be executed on non-judicial stamp paper of Rs 10/- or value as prescribed by State Govt where executed whichever is more and to be attested (including latest coloured photograph) by First Class Magistrate or Notary Public. Notarial Stamp of Rs 5/- is to be affixed if attested by Notary Public. Affixing of Thumb Impression is mandatory. The affidavit must have a latest photograph and thumb impression duly attested. Legal documents without thumb impression shall not be accepted. Transferee must have mentioned PAN number.