

AFFIDAVIT BY THE DONOR

I ,....., s/o,d/o,w/o Resident of holding CNIC No....., in possession of my full faculties and senses and of my free will and without any coercion or duress do hereby solemnly affirm and declare as under: -

1. That I am the member of Capital Smart City vide Membership No. and was allotted / transferred a Plot No Street..... Sector..... Phase.....measuring(Marla,Kanal, Sq Yd).
2. That on account of natural love and affection which I bear to my s/o,d/o,w/o Resident of holding CNIC No....., I hereby, gifted away the above said property to my.....(relation) Who now becomes the owner of the said plot vide Membership / Associate Membership No.....
3. That having relinquished the said Plot of Capital Smart City _____ for further transfer / allotment to s/o,d/o,w/o, the possession of the Plot be handed over conferring exclusive ownership rights and possession of the Plot upon the request of the above said transferee/owner.
4. That I affirm and declare that the name of Should be entered in the record books of Capital Smart City_____, as the owner of the transferee / owner of the aforesaid property.
5. That I solemnly declare that after the plot is transferred in the name of Donee I and my any successor shall have no right, title or interest in the said property and is the exclusive owner of the same since today.
6. That I understand that having transferred/gifted my said Membership/ Associate membership of the plot, I cannot claim another plot or a second allotment of a residential plot in Capital Smart City_____.
7. That I further affirm that prior to this transfer of membership/ plot, I have not sold/ transferred by any mean this Membership No / Plot to any other person organization nor and suit is pending in any Court of competent jurisdiction against the said Plot. Further more this Plot is free of all encumbrances and charges.
8. That whatever is stated above is true to the best of my knowledge and belief.

Witness

Signature: _____

Name _____

CNIC No _____

Date: _____

Deponent:

Signature: _____

Name _____

CNIC No. _____

Date: _____

Thumb Impression: _____

Verification

Verified on Oath at this day ofthat the contents of the above affidavit are true and correct to the best of my knowledge, information and belief and nothing material has been concealed there from.

Deponent:

Signature: _____

Name _____

CNIC No. _____

Date: _____

Thumb Impression: _____