AFFIDAVIT BY THE SELLER

I,	s/o,d/o,w/o	0	(seller),having	
CNIC N	s/o,d/o,w/o	of my full faculties and sense	es and of my free will and	
without	out any coercion or duress do hereby solemnly affirm and	d declare as under: -		
1.	1. That I am the member of Capital Smart City vide M	1embership No. <u>FDHI/</u>	(this	
	is the assured membership number for the allotted P	ot of Sq Yds the	reabout in the said smart	
	city) for the Plot No, Street/La	ane No	and Sector/Block	
	No			
2.	That I have sold the said plot to	s/o,d/o,w/o		
	(purchaser) having CNIC No	and I have received the	e plot value from the	
	purchaser.			
3.	3. That I have relinguished the plot and membership no f	for handing over to the purch	aser conferring exclusive	
	ownership rights and possession of the plot upon his	/her request.		
4.	That I affirm and declare that the name of the purcha	ser should be entered in the	e record books of Capital	
	Smart City, as the owner of the aforesaid property.			
5.	5. That I solemnly declare that after the plot is transfer	ed in the name of purchase	r I and any successor of	
	mine shall have no right, title or interest in the said pr	operty and the purchaser wi	II be the exclusive owner	
	of the same since today.			
6.	That I understand that having transferred my said Me	mbership/Associate Membe	rship of the plot, I will not	
	claim another plot or a second allotment in Capital Smart City.			
7.	7. That prior to this transfer of membership / plot, I have	not sold/transferred by any	means what so ever this	
	Membership No. / plot to any other person.			
8.	8. That by virtue of the provisions of bye-laws of Capital			
	letter/Transfer letter/Allotment certificate/Allocation	letter	for the cancellation	
	and relinguish of said allotment of plot.			
9.	9. That Mrs/os/os/oof(Property Consultant), v	having CNIC N	0	
	of (Property Consultant), v	will execute all transfer forma	alities on my behalf in my	
	absence.			
Tha	That whatever is stated is true to my own knowledge and	belief.		
WITNE	NESS	SELLER		
Signat	nature	Signature		
Name	le	Name		
	C No	Date		

VERFICATION

Verified on Oath at this ______ that the contents of the above affidavit are true and correct to the best of my knowledge, information & belief and no material has been concealed their form.

Thumb Impression : _____

<u>SELLER</u>	
Signature _	
Name	
CNIC No.	