

CAPITAL SMART CITY
VERIFICATION OF PLOT / PROPERTY

1. Name of Owner _____ s/o,d/o,w/o _____ CNIC No _____ Address _____

_____ Mob No _____

2. Plot # _____ Street No _____ Block _____ Measuring _____

3. I hereby authorize _____ s/o,d/o,w/o _____ CNIC no _____ Address _____

_____ Mob # _____ to collect the verification form duly attested from the office on my behalf.

Signature (Authority Holder)/Estate Agent Stamp

Signature of Owner

Date: _____

FOR USE BY THE OFFICE

Legal Status		Description of the case	Checked by & Initials
Clear	Not Clear		

Land Status		Description of the case	Checked by & Initials
Clear	Not Clear		

Bank Lein		Description of the case	Checked by & Initials
Clear	Not Clear		

Misc Dispute		Description of the case	Checked by & Initials
Clear	Not Clear		

COUNTERSIGNED