

Type: _____ Apartment No/ Floor: _____

File No. _____
(TO BE SUBMITTED ALONG WITH DOCUMENTS)

Submitting Date: _____		Admitting Date: _____	
DOCUMENTS RECEIVED & CHECKED		<small>(official use only)</small> By the Counter	
		Applicant	Check
1	NDC (No Demand Certificate, issued by accounts dept)		
2	Application for Transfer of Apartment		
3	Membership form (duly filled by purchaser)		
4	Provisional Allotment Letter/ POL		
5	Original Letter of Consent (LOC) / Original Intimation Letter		
6	Two attested photographs of both parties		
7	Photocopy of CNIC's of both parties duly attested by Class-1 Gazetted Officer		
8	Photocopies of CNIC's of witnesses (attested)		
9	Photocopy of CNIC of attesting officer		
10	Affidavit from Seller		
11	Affidavit from Buyer		
12	Indemnity Bond by Transferee /Buyer		
13	Two Copies of Sale Agreement		
14	Original GPA/SPA (General / Special Power of Attorney) (if applicable)		
15	Special Requirement (in case of provisional possession of apartment already handed over) <ul style="list-style-type: none"> • Undertaking by Purchaser • Receipt of Inventory • Receipt of 03-Keys 		
Submitted by ALLOTTEE / TRANSFEROR			

Signature: _____

Applicant: _____

(Official use only)

Signature: _____

Official: _____

General Manager Estate

EHFPRO (PRIVATE) LIMITED

Islamabad.

SUBJECT: **Application for Issuance of NDC for Transfer of Apartment**

Dear Sir,

It is submitted that I am the owner of Apartment No _____ Type _____ Floor _____
in Lifestyle Residency G-13/1, Islamabad.

I intend to transfer/sell the above mentioned Apartment; you are requested to kindly grant me NDC
for the said purpose.

Thank you very much.

Owner's Signature: _____

Name of Owner: _____

CNIC No: _____

Contact No: _____

Note: All the above required information must be provided.

(مندرجہ بالا تمام مطلوبہ معلومات لازمی فراہم کریں۔)

(To be returned to transfer / record officer after filling, signing and depositing the fee of Rs: 1500/-
on specified bank Challan form in original)

EHFPRO LIFESTYLE RESIDENCY

Photograph

Serial No. _____

Apartment No. _____

APPLICATION FOR TRANSFER OF ALLOTMENT / OWNERSHIP OF APARTMENT ON PAYMENT OF TRANSFER FEE

To

The GM Estate
EHFPRO (PVT) LTD
ISLAMABAD

Subject: Transfer of Allotment of Apartment No. _____, Floor No. _____ & Type _____.

Dear Sir,

I am Owner of Apartment No. _____, Floor No. _____, measuring _____ vide allotment letter No. _____ dated _____.

I have now decided to transfer the said apartment to Mr./Ms _____
S/D/W/H of _____ CNIC No. _____, for consideration of
Rs. _____ from whom I have received the amount of Rs. _____ as a token and the
balance amount Rs. _____ will be received at the time of admitting the case in EHFPRO records.

The Purchaser has agreed to abide by all the rules and conditions of allotment and those given in the brochure and to clear the dues payable in respect of that apartment, if any.

It is, therefore requested that the allotment of apartment may kindly be transferred with all my rights and liabilities and deposits in the name of Mr./Mrs./Miss _____.

Yours Faithfully,

Date: _____

Name: _____

S/D/F/M/H/W of: _____

Address: _____

Signature of Allottee/Donor

CNIC No. _____

Phone No. _____

Mobile No. _____

Email _____

**Sample: Affidavit by Seller
(On Rupees 20/- Stamp Paper)**

AFFIDAVIT BY THE SELLER

I _____ S/W/D of _____, holding CNIC
No. _____ R/O _____,

in possession of my full faculties and senses and of my free will and without any coercion or duress do hereby undertake as under:

1. That I am a bona fide member of the EHFPRO – Lifestyle Residency vide application No. _____, Reference No. _____, and I was allotted /transferred an Apartment No. _____, Type _____ measuring _____ Floor _____, in Lifestyle Residency.
2. I hereby return the original application and allotment letter for cancellation and relinquish the aforesaid allotment of Apartment in favour of Mr./Ms _____.
3. That having relinquished the Apartment, the said EHFPRO – Lifestyle Residency for allotment to Mr./Miss _____, I have conferred exclusive ownership rights and possession of the Apartment upon the said transferee.
4. That I affirm and declare that the name of Mr./Ms _____, should be entered into the record of EHFPRO – Lifestyle Residency as the owner of the aforesaid property.
5. That I solemnly declare that I have no rights, title or interest in the said property and Mr. / Ms _____ is the exclusive owner of the same since today.
6. That what is stated above is true to the best of my knowledge and belief.

Deponent

VERIFICATION

Verified on Oath at Islamabad this ___ day of _____ 20___, that the contents contained in the above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent

Note: The Affidavit must be Notarized / Attested by Oath Commissioner or Notary Public and a Copy of the valid License of the Notary Public / Oath Commissioner be attached.

**Sample: Affidavit by Purchaser
(On Rupees 20/- Stamp Paper)**

UNDERTAKING BY PURCHASER

I _____ S/W/D of _____, holding CNIC No. _____ R/O _____.

In possession of my full faculties and senses and my free will and without any coercion or duress do hereby undertake as under:

1. That I have purchased an apartment bearing application No. _____ Registration No. _____, Floor No. _____ Type _____ Measuring _____ in EHFPRO – Lifestyle Residency along with all dues and liabilities. I undertake to abide by all terms and conditions of allotment of the apartment and to comply with all the orders, directions, instructions etc issued from time to time by EHFPRO – Lifestyle Residency.
2. To pay all dues, fee, charges etc payable by the allottee to the EHFPRO – Lifestyle Residency or Government department, organizations, agency etc in respect of the said Apartment.
3. To use the Apartment for the same purpose for which it was allotted and comply with all the relevant rules, by laws, directions, instructions etc, issued from time to time by EHFPRO – Lifestyle Residency.
4. To pay to EHFPRO – Lifestyle Residency any variations in development charges on demand.
5. I also undertake to pay on demand any other charges as management of EHFPRO – Lifestyle Residency may decide from time to time.

Signature: _____

Name: _____

CNIC No. _____

Witness No 1: _____

Witness No 2: _____

Signature: _____

CNIC No: _____

Signature: _____

CNIC NO: _____

Note: The Affidavit must be Notarized / Attested by Oath Commissioner or Notary Public and a Copy of the valid License of the Notary Public / Oath Commissioner be attached.

The Copies of the CNIC of the witnesses must also be attested.

**Sample: Indemnity Bond by Transferee
(On Rupees 100/- Stamp Paper)**

INDEMNITY BOND BY TRANSFEE

This deed of indemnity is made at Islamabad this ____ day of _____, 201__ between _____ S/D/W of holding CNIC No. _____ R/O _____ herein after referred to as the transferee of the one part

AND

EHFPRO – Lifestyle Residency hereinafter to as “Lifestyle Residency” of the other part. Whereas Mr./Miss/Mrs. _____ was allotted an Apartment bearing application No. _____, Registration No. _____, Type _____, Measuring _____ on Floor _____ in the said Lifestyle Residency and I have purchased the said Apartment along with all rights and liabilities.

And whereas the transferee has applied to Lifestyle Residency to transfer the said Apartment in his/her name.

And further whereas Lifestyle Residency has agreed to do so provided the transferee executes this deed of indemnity in favour of Lifestyle Residency and transferee has agreed to do so.

NOW THIS DEED WITNESSED AS FOLLOWS:

That pursuant to do promises above the Transferee hereby agree to indemnify and keep indemnified Lifestyle Residency against all the claims, demands, losses, harms, damages, dues, judgment, charges and expenses incurred or suffered by Lifestyle Residency arising from the said transfer of membership and Apartment to the name of the Transferee.

Signed and delivered by the name above Transferee this ____ day of _____ 20__.

Signature: _____

Name: _____

CNIC No. _____

Witness No 1: _____

Witness No 2: _____

Signature: _____

CNIC No: _____

Signature: _____

CNIC NO: _____

Note: The Affidavit must be Notarized / Attested by Oath Commissioner or Notary Public and a Copy of the valid License of the Notary Public / Oath Commissioner be attached.

The Copies of the CNIC of the witnesses must also be attested.