

Bank Name

Counter Signature with Seal

Stock Holding Corporation of India Limited Registered office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400012

Visit us at: www.shcilestamp.com

VER 5.0 250512

e-Stamping Application Form

e-stamping Application Form																		
Application Date /		1	/20		(✓ Tick any one)			Registerable			le Non-Registerable							
Document Description Agre			ement			Stamp Duty Amount ₹ 10/-ian]						Rupees only						
				Prope	erty Desc	r <mark>iption</mark> (not	exce	eding 100	char	acter	s)							
								deration of			₹							
				First F	Party Deta	ilS (name n	ot exc	eeding 50	cha	racte	rs)							
Name																		
Address											1							
Phone	PAN Pin Code																	
Name NJ INDIA INVEST PVT LTD.																		
Address	Shop No.	7 & 8 `	Yogi Coı			/assa Main I	_		1			T _						
Phone			01-	PAN	A A	B C N		7 9	0	G	Pin Code	3	9	6	2	3	0	
Stamp Duty	Durchasse	hv T	Sta	ımp Duty	, Paymen	t Details (n	ame ı	not exceed	aing	50 ch	aracters)							
Stamp Duty	- urcriased	υy					1	1 0		Ok -	ue 🔲 DD		Pay-O	al -	_	N:	-	
Stamp Duty	Paid by (✓ ⁻	Tick)	☐ 1st F	arty 🗹	2nd Party	Type of Payment					ue שט unt to Account		•	raer	_	NEF	- 1	
Stamp Duty	Paid by - G	ender (v	(Tick)		Male	☐ Femal							irer		Other			
Otamp Duty	-							_	Omliy	paid	by Male & Fe		\neg			<u>s</u>		
	Chequ	ie / DD /	Pay-Ord	ler / NEFT	/ RTGS / Ac	count Details	•			Cash Deposit				₹				
Bar	ık Name		Branc	h Name	Cheque /D	REF/Account No.			Deno. Pieces									
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							<u> </u>			500 X			_					
								_	100 X									
									-	50 X								
								-	20 X 10 X 1			10/-						
								\vdash	10 X 1				10/-					
Rupees (in Words) :									+	2			+					
rapees (iii words) .									+	1								
									+	<u>'</u>	Total		+		10/-			
Please submit the					amount at the e-S	Stamping counter							!					
Stamp Duty amo The correctness	of Article type a	and Stamp	Duty amour	nt cannot be co														
4. Once the e-Stan 5. Once the e-Stan	np has been ge											thority at	the Sta	amp Offic	ce appoi	inted b	y the	
State Governme 6. Cancellation cha		able as lev	ied by the S	tate Governme	ent													
I have read an	d understoo	od the a	bove inst	ructions an	d the Inform	ation given by	me in	this form	is true	e to th	e best of my l	knowle	edge a	and be	lief.			
Name of the P	arty/ Repre	sentativ	ie.							Signa	ture:							
						(For Office u	ise on	ly)		Oigilio	icaro.							
I verify that th	ie Applicat			rder d by USEI	R						To be fill	led by	SUP	ERVIS	SOR			
SUBIN				<u> </u>			Certi	ficate Num	nber	IN								
Signature							Sign	ature										
Stamp Certificate received by Name: Signature:																		
SHCIL E-Stamping Receipt (To be filled in by the client)																		
Stamp Duty							Star	np Duty Pa	aid by	,	☐ 1st Pa			nd Pa	-		,	
Purchased B Stamp Duty		₹			Туре	of Payment		Cash 🚨	Chec	ue		Pay-C			NEFT			
Cheque/ DD		REF/Ac	count No	_		-		INIUS U	ACCO	Dat	Account Trar e: /	/20						

Branch Name



Cheque/ DD/ PO/ UTR/ REF/Account No.

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Application Date		/20	(√ T	ick any	one)	Register	able		Non-Reg	erable					
Document Description Power		er of Attorney	Art	ticle			Stan	np Duty Amount	₹ 10/-i	ian Rupees only					
Property Description (not exceeding 100 characters)															
Consideration of Property ₹ First Party Details (name not exceeding 50 characters)															
			Fire	st Party	/ Deta	ilS (name no	ot exceeding 50) cha	racters)						
Name															
Address	<u> </u>														
Phone	PAN Ports Poteils () Pin Code														
Second Party Details (name not exceeding 50 characters)															
Name	NJ ADVISORY SERVICES PVT LTD.														
Address	Shop No	. 7 & 8	Yogi Complex,	Amli, Va	api Silva	assa Main F	Road, Silvassa								
Phone				AN					Pin Code	3	9 6 2 3 0				
			Stamp D	uty Pa	yment	Details (n	ame not excee	ding	50 characters)						
Stamp Duty I	Purchased	by													
Stamp Duty I	Paid by (✓	Tick)	1st Party	2 2nd I	Party	Type of Payment	Cash RTGS		☐ Cheque ☐ DD ☐ Pay-Order ☐ NEFT ☐ Account to Account Transfer						
Stamp Duty I	Paid by - G	ender (✓ Tick)	☐ Male		☐ Female	e 🔲 J		paid by Male & I		Others				
Cheque / DD / Pay-Order / NEFT / RTGS / Account Details Cash Deposit ₹															
Bar	ık Name		Branch Name	e Che	eque /D[) /PO /UTR /I	REF/Account No). [Deno. Pieces	5					
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									5 X						
Rupees (in \	Words):								2 X						
								\perp	1 X						
	1.1.60.1				0				Total		10/-				
 Stamp Duty amo The correctness 	unt should be of Article type	rounded of and Stam	form along with stamp of off to the nearest Ruped p Duty amount cannot	e confirmed	d at the e-S	Stamping counter									
5. Once the e-Stam	ip has been ge		fications/changes are po payment cannot be can							Authority at	the Stamp Office appointed by the				
State Governments. Cancellation cha		cable as le	evied by the State Gove	rnment											
have read an	d understo	od the	above instructions	and the	Informa	tion given by	me in this form	is tru	e to the best of m	ny knowle	edge and belief.				
Name of the P	arty/ Repre	esentati	ve:			(For Office u	oo only)		Signature:						
verify that th	e Applica		rm is in order To be filled by U	SER		(For Office u	se omy)		To be	filled by	SUPERVISOR				
SUBIN							Certificate Nun	nber	IN	•					
Signature							Signature		-						
Stamp Certificate received by Name: Signature:															
SHCIL E-S	tampin	g				Receipt				C	To be filled in by the client)				
Stamp Duty Purchased B	y						Stamp Duty P	aid by	y 🔲 1st I	Party	☐ 2nd Party				
Stamp Duty A	•	₹			Туре	of Payment	☑ Cash ☐ RTGS ☐		que DD bunt to Account T	order 🗖 NEFT					



Cheque/ DD/ PO/ UTR/ REF/Account No.

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Document Description Agre		Agree	eement			Article						mp Duty Amount ₹ 10/4ian R					Rupees only		
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				F:ua	4 D	auto Data			ideration of			, ₹							
Name				FIFS	t P	arty Deta	ilS (name no	ot exc	ceeding 50	char	acter	s)							
Address																			
Phone	PAN								Π			Pin Code							
Second Party Details (name not exceeding 50 characters)											ļ .								
Name																			
Address	Shop No. 7 & 8 Yogi Complex, Amli, Vapi Silvassa Main I								, Silvassa										
Phone				P/		<u> </u>						Pin Code	3	9	6	2	3 0		
Stamp Duty F	Durchaad	hu l	St	amp D	uty	Payment	t Details (n	ame	not exceed	ling 5	50 cha	aracters)							
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Stamp Duty F	Paid by (✓	Tick)	☐ 1st	Party	1 2	2nd Party	Type of Payment				•	int to Account	•	.,					
Stamp Duty F	Paid by - G	ender (/ Tick)			Male	☐ Female	_				y Male & Fer				Others			
Cheque / DD / Pay-Order / NEFT / RTGS / Account Details							count Details			Ţ		Cash Depos				₹			
Ban		ch Name			F/Account No. Deno.			o. Pieces											
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											5)	<u>'</u>				10/-	-		
Rupees (in V	!								2)	Χ									
										1)	Κ								
Diagon automit the	a duly fillad as	d sians d fe	arma alaman	ith stamp d	utu a a	marint at the a C	tamping acustor					Total				10/-	•		
Please submit the Stamp Duty amounts. The correctness of the content of the conte	unt should be i of Article type a	rounded of and Stamp	ff to the nea Duty amo	arest Rupee unt cannot b	e con	firmed at the e-		ithaa	Ctown and onl	, than a	niam tha								
	p has been ge						SHCIL. For cancel						hority at	the Star	mp Offic	e appoin	ted by the		
6. Cancellation char		able as le	vied by the	State Gover	nmen	nt													
have read and	d understo	od the a	bove ins	structions	and	the Informa	ation given by	me ir	n this form i	s true	to th	e best of my k	nowle	dge a	nd bel	ief.			
Name of the Pa	arty/ Repre	sentativ	/e:				(For Office II	se or	nlv)		Signat	ure:							
(For Office use only) verify that the Application Form is in order To be filled by USER To be filled by SUPERVISOR																			
SUBIN						-		Cert	tificate Num	ber	IN								
Signature								Signature											
Stamp Certificate received by Name:											Signature:								
				×								X							
SHCIL E-St	tamping	9					Receipt						(To be f	illed ir	by the	client)		
Stamp Duty Purchased B	,							Stamp Duty Paid by					ty	☐ 2nd Party					
Stamp Duty A							of Payment	Y	☐ Cash ☐ Cheque ☐ DD ☐ Pay-Order							NEFT			