

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 1.0 010713

Form-4 (SEE RULE 27)

REQUISITION FOR ADDITIONAL STAMP DUTY FOR UTTAR PRADESH ITO BE EILLED IN BLOCKED LETTERS!

				(10	DE F	ILLE	ו אוו ט	БЕО	CNEL	LEI	IEKS)			(For O	ffice us	e only)	
Authorized Collecti	Autl	uthorized Collection Centre Code Date and time of application reco					application receipt	(For Office use only Base Certificate No.					ic offig)					
				(ple	ease ref	er to th	e instru	ctions	before f	illing up	the form)							
			SE	CTIO	NA: D	ETAII	LS OF	DOC	UME	NT FO	R STAMPING							
Description of Description									Rasa Cortificato Stamp Duty Amount				To Para Dana and a large					
Description of Doc	ıment								Base Certificate Stamp Duty Amount				A					
									Additional Stamp Duty Amount			₹ Indian Rupees only						
					Additional Stamp Duty Paid by													
SEC	CTION E	3 : DE	SCRI	PTION	I OF F	PROP	ERTY	FOR	WHIC	CH AD	DITIONAL STA	MP D	UTY	IS P	AID			
Address Line 1																		
Address Line 2																		
Address Line 3																		
Address Line 4										Pin Code								
Consideration of Property / Market Value (whichever is higher) (Rs.)										Date of Document (dd/mm/yy)								
Name																		
Address Line 1																		
Address Line 2																		
Address Line 3					,						Pin Code							
PAN No. (Optional)											Contact No.						•	
C)	ECTION	$\mathbf{C} \cdot \mathbf{D}$	۸DTI		DS O	EQE	I ED/	TDA	NGEE	DOD/	ASSIGNOR /PA	DTV	/DAE	TIE	2 #			
Name	ECTION	U . P	AKII	CULA	KS U	F SEI	LLEK/	IKA	NOFE	KUK/	ASSIGNOR /PA	MK I I	/PAR	IIE	<u> </u>			
Address Line 1																		
Address Line 2																		
Address Line 3											Pin Code							
PAN No. (Optional)											Contact No.					•		
	•	•					•	•										
Name																		
Address Line 1																		
Address Line 2																		
Address Line 3											Pin Code							
PAN No. (Optional)											Contact No.				•	•	•	

SECTION D : PAYMENT DETAILS FOR ADDITIONAL STAMP DUTY*

						1			ı				
Mode of Payment			Ar	nount Paid (in ₹)	Cheque /DD /PO /UT	R No. & Date	Name of the	Bank /Branch				
☐ Cash	n 🗖	Chequ	e*	₹ (in figures	3)								
☐ DD*		Pay-O	rder*)								
☐ NEF	т 🗖	RTGS											
l	unt to Acco												
The Information given in this form is to the best of my knowledge and is correct, complete and truly stated.													
(For Office use only)													
Name of t	the Party Ro	epresent	ative			•							
Signature /Represe	/Thumb im	pression	of the F	Party									
# Kindly enter party details of the parties appearing on the Base Certificate. * Subject to realization of the instrument.													
,													
I verify that	at the Applic	ation Fo	rm is in	order :	Checked by								
Name :					Entered by								
Employee	Code:				Authenticated by								
					UIN-SUBIN								
Signature	Signature :												
Date :													
					<			×					
				AC	KNOWLEDGE	MENT SLIF	P (To be filled by the C	Client)					
Distinguish	ain a Illaianna	اعام سدند:	4: N .	_				CLIDIN					
Distinguisi	ning Unique	identilic	ation in	0.				SUBIN					
	ceived from Ir./ Ms./ M/s			Mode of Pa	ayment	Stamp Du	y Amount Paid (in ₹) Cheque /D) /PO /UTR No.	Counter Signature, Date & Stamp			
			 c	Cash 🔲	Cheque	₹ (in figur	es)	No					
				DD [Pay-Order			Dated					
				ifft [RTGS	₹ (in word	ls)	Bank					
			"					Branch					
			□ A	ccount to Acc	count Transfer								