

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

Visit us at : www.shcilestamp.com

Form-3 (SEE RULE 21)

VER 1.0 010713

E-STANDING ADDITION FORM FOR LITTAR DRADESH

Authorized Collection Centre		L-3	I AIVIE I	NG A	PPLICA			JIXIVI			norized C Centre	ollectio		<u> </u>				
Application Date		/ /20 (✓ Tic			ck any one)		☐ Registerable		able	e Non-Registe			gister	erable				
Document Description				5			Sta	stamp Duty Amount ₹ Indian Rupees on						ılv				
Document Description Article Stamp Duty Amount ₹ Indian Rupees on Property Description (not exceeding 100 characters)														⊌				
					,		(g									
	f Pro	perty	₹															
				First F	Party Deta	ilS (nan	ne no	t excee	ding 50) cha	racters)							
Name																		
Address																		
Phone										Pin	Code							
			•	Second	Party De	tails (n	ame r	ot exc	eeding	50 c	haracter	s)						
Name																		
Address																		
Phone											Code							
Stamp Duty Payment Details (name not exceeding 50 characters)																		
Stamp Duty				arty 🔲														
Stamp Duty Paid by (✓ Tick)			☐ 1st Pa	f	I —	Cash	_		neque 🗖 DD 🔲 Pay-Order 🔲 NEFT									
Stamp Duty Amount			₹ Indi	nt		RTGS Account to Account					unt Transfer							
	Chequ	ie / DD	/ Pay-Order / NEFT / RTGS / Account Det					;			Cash Deposit				₹			
Bar	nk Name		Branch	n Name	Cheque /D	D /PO /L	/PO /UTR /REF/Account No.			o.	Deno. Pieces							
											1000 X							
											500 X							
										L	100 X							
									50 X									
										L	20 X							
										-	10 X							
D / in 1	(4/									+	5 X							
Rupees (in '	vvoras) :									+	2 X 1 X							
										+	1 ^	Total						
Please submit the					amount at the e-S	Stamping co	unter					Total						
2. Stamp Duty amount should be rounded off to the nearest Rupee 3. The correctness of Article type and Stamp Duty amount cannot be confirmed at the e-Stamping counter 4. Once the e-Stamp is generated no modifications/changes are possible, so carefully check the preview of the e-Stamp and only then sign the preview 5. Cancellation charges are applicable as levied by the State Government The Information given in this form is to the best of my knowledge and is correct, complete and truly stated.																		
	Ū			,						,	Sign:							
(For Office use only)																		
verify that the Application Form is in order To be filled by <u>USER</u> To be filled by <u>SUPERVISOR</u>																		
SUBIN						Certif	ficate I	No. IN	-									
Signature						Signa	ature											
Stamp Certificate received by Name:											Sigr	nature:						
E-Stamping Receipt (To be filled in by the client)													lient)					
Stamp Duty Purchased By Stamp Duty Paid by 1st Party 2n										2nd	Party							
Stamp Duty Amount ▼ Type of Payment □ Cash □ Cheque □ DD □ Pay-O □ RTGS □ Account to Account Transfer									/-Orde	r 🗆	ı N	EFT						
Cheque/ DD	/ PO/ UTR/	REF/A	count No.		I		ļ				Date:	/	/20					
Bank Name Branch Nam								ch Nam	ie									
Counter Sign	nature with	Seal																