

AFFIDAVIT FOR MERGING

I, _____ s/o, d/o, w/o _____, having CNIC No. _____, resident of _____, possession of my full faculties and sense and of my free will and without any coercion or duress, do hereby solemnly affirm and declare as under: -

1. That, I am the legal Owner/Transferee of following file(s) in **Capital Smart City/Lahore Smart City** which are presently held allotted/transferred on my name.

	<u>MS No</u>	<u>Size (Sq Yds)</u>	<u>Paid Amount</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

2. That, I am not the legal owner/transferee of following file(s) in **Capital Smart City/Lahore Smart City** but they are close relatives and Blood relations of mine. They have permitted me for the Merging of file(s).

	<u>MS No</u>	<u>Size (Sq Yds)</u>	<u>Paid Amount</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

3. That, I have decided to merge following file(s) into the file(s) as shown against each.

	<u>To be Merged</u>			<u>To be Merged into</u>	
	<u>MS No</u>	<u>Size (Sq Yds)</u>	<u>Paid Amount</u>	<u>MS No</u>	<u>Size (Sq Yds) Amount To be Adjusted</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

That, I agree for the deduction or payments of charges/fee and will be responsible for all dues pending of the merged File(s) and I further confirm that I will abide by all Rules/ Regulations made by the **Capital Smart City/Lahore Smart City** and local Government/Administration.

4. That, I and others will not claim of any ownership of the merged files after merging.

5. I further confirm that the decision of **Capital Smart City/Lahore Smart City** with regard to the merging of the file(s) will be acceptable and binding on all.

WITNESS

Signature: _____

Name: _____

S/o, d/o, w/o. _____

CNIC No. _____

Date: _____

Thumb Impression: _____

DEPONENT:

Signature: _____

Name: _____

S/o, d/o, w/o: _____

CNIC No. _____

Date: _____

Thumb Impression: _____

Rs.100/-
19-04-2024

_____, s/o _____, having CNIC
No. _____, adult, resident of

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