

**TRANSFER FEE**  
Commercial As Per  
Prevailing Rates of T/Fee.  
Family Transfer: Rs. 10,000/-

**CAPITAL DEVELOPMENT AUTHORITY**  
**APPLICATION FOR TRANSFER OF PLOT**

3150

TAF NO : \_\_\_\_\_  
VALID FOR 3 MONTHS  
OWO NO. ....  
DATE.....

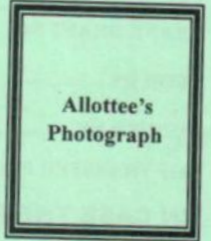
PRICE OF FORM RS. 150/-

**( FOR COMMERCIAL PROPERTY )**

DATE & TIME FOR TRANSFER

TO,

THE DIRECTOR, ESTATE MANAGEMENT-1,  
CAPITAL DEVELOPMENT AUTHORITY, ISLAMABAD.



Allottee's  
Photograph

SUBJECT: TRANSFER OF PLOT/FLAT NO. \_\_\_\_\_ SHARE/BLOCK NO. \_\_\_\_\_  
SECTOR \_\_\_\_\_, ISLAMABAD

DEAR SIR / MADAM,

I/WE ALLOTTEE/ATTORNEY OF CDA PLOT NO. \_\_\_\_\_ STREET NO. \_\_\_\_\_

SECTOR \_\_\_\_\_, ISLAMABAD, MEASURING \_\_\_\_\_ SQUARE YARDS

VIDE ALLOTMENT ORDER / TRANSFER LETTER NO. \_\_\_\_\_ DATED \_\_\_\_\_

I HAVE NOW DECIDED TO TRANSFER THE SAID PLOT TO MR./MRS./MISS \_\_\_\_\_

S/O, D/O, W/O \_\_\_\_\_

RESIDENT OF \_\_\_\_\_

FOR CONSIDERATION OF RS. \_\_\_\_\_ FROM WHOM I HAVE RECEIVED THE ENTIRE AMOUNT.

THE SAID PLOT MAY BE TRANSFERRED IN THE NAME OF ABOVE TRANSFERREE WITH ALL RIGHTS, LIABILITIES, AND DEPOSITS.

**THREE SPECIMEN SIGNATURE & THUMB  
IMPRESSION OF ALLOTTEE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**SIGNATURE OF  
ALLOTTEE / ATTORNEY**

NAME: \_\_\_\_\_

S/O, / D/O, W/O \_\_\_\_\_

CNIC NO. ....

NTN NO. ....

ADDRESS: \_\_\_\_\_

I PERSONALLY KNOW THE ALLOTTEE / ATTORNEY.  
HE/SHE HAS SIGNED AND PUT THUMB IMPRESSION  
ON ALL THE DOCUMENTS IN MY PRESENCE.

**IDENTIFIED / VERIFIED BY**

SIGNATURE: \_\_\_\_\_

NAME \_\_\_\_\_

CNIC NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**ATTESTATION**

THE ABOVE CONTENTS OF TRANSFER  
APPLICATION FORM ARE TRUE TO THE  
BEST OF MY KNOWLEDGE VERIFIED  
AND ATTESTED.

SIGNATURE: \_\_\_\_\_

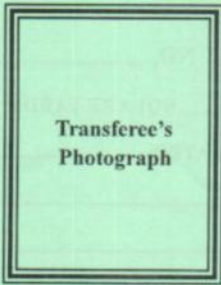
OFFICIAL STAMP: \_\_\_\_\_  
(BY NAME)

CNIC. NO. \_\_\_\_\_

## DECLARATION OF TRANSFEREE / PURCHASER (نام خریدار)

4. I, ..... S/O, D/O, W/O .....  
RESIDENT OF .....  
HEREBY ADMIT THE CONTENTS OF THE APPLICATION ARE CORRECT AND ENCLOSE HERewith A  
BANK DRAFT NO. .... DATED ..... ISSUED BY ..... BANK LIMITED  
FOR RS. .... URGENT FEE RS. .... PAY ORDER NO. .... DATED .....  
ISSUED BY ..... BANK LIMITED IN FAVOUR OF CDA ON ACCOUNT  
OF TRANSFER FEE / URGENT FEE..

### IN CASE THE PLOT IS TRANSFERRED IN MY NAME. I HEREBY UNDERTAKE:-



- (i) TO ABIDE BY ALL THE TERMS AND CONDITIONS OF ALLOTMENT OF THE PLOT AND THE TERMS AND CONDITIONS OF CDA.
- (ii) TO PAY ALL THE DUES, FEES CHARGES ETC. PAYABLE BY THE ALLOTTEE TO THE CDA OR ANY OTHER GOVERNMENT DEPARTMENT, ORGANIZATION, AGENCY ETC. IN RESPECT OF THE SAID PLOT.
- (iii) TO USE THE PLOT FOR THE SAME PURPOSE FOR WHICH IT WAS ALLOTTED AND TO CONSTRUCT THE BUILDING ACCORDING TO THE BUILDING BY LAWS OF CDA.

### THREE SPECIMEN SIGNATURES & THUMB IMPRESSION OF TRANSFEREE

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

SIGNATURE OF TRANSFEREE .....

NAME: .....

S/O, D/O, W/O .....

CNIC NO. ....

NTN NO. ....

ADDRESS: .....

### ABOVE CONTENT VERIFIED/ATTESTED

SIGNATURE: .....

OFFICIAL STAMP .....  
(BY NAME)

CNIC NO. ....

## ONE WINDOW OPERATION (ADMITTING SECTION)

### DOCUMENTS RECEIVED & CHECKED

1. TRANSFER APPLICATION FORM.
2. ORIGINAL OFFER & ALLOTMENT LETTERS/T. LETTER.
3. TWO FRESH PHOTOGRAPHS OF BOTH PARTIES.
4. PHOTOCOPY OF NIC'S BOTH PARTIES DULY ATTESTED BY CLASS 1 OFFICER INDICATING NAME & DESIGNATION.
5. PHOTOCOPY OF NIC OF ATTESTING OFFICER.
6. PHOTOCOPIES OF NIC OF WITNESSES.
7. NOC'S FORM BCS & REVENUE DTE.
8. AFFIDAVITS FROM BOTH PARTIES.
9. CVT (IF APPLICABLE) OF SALE AGREEMENT AMOUNT.
10. NATIONAL TAX NUMBER (NTN) CERTIFICATE.
11. TWO COPIES OF SALE AGREEMENT.
12. IDENTIFICATION COLUMN IS TO CERTIFIED BY THE ESTATE AGENT IF TRANSACTION THROUGH HIM.
13. NOC LOAN GIVING AGENCY (IF APPLICABLE).
14. ORIGINAL GPA/SPA (IF APPLICABLE).
15. IN CASE OF FAMILY TRANSFER RELATIONSHIP PROOF BE GIVEN.
16. ON FIRST TRANSFER OF AFFECTTEES PLOTS TAF IS TO BE GOT ATTESTED BY 1ST CLASS MAGISTRATE.

### PAY ORDERS

TRANSFER FEE RS: \_\_\_\_\_

URGENT FEE RS: \_\_\_\_\_

RECEIPT FEE RS: \_\_\_\_\_

AGR RS: \_\_\_\_\_

CVT RS. \_\_\_\_\_

CHECKED/FOUND CORRECT

### ADMITTED / NOT ADMITTED

NAME: \_\_\_\_\_

DESIGNATION ADMITTING OFFICER

DATED: \_\_\_\_\_