**GIFT DEED (FOR LOVE AND AFFECTION)**

I …………………………………… s/o,d/o,w/o…………………………….. Resident of ……………………………………………………………………… Muslim adult, holding CNIC No ………………………………………. in my full faculties and senses, with my free will, without any coercion and duress, do hereby declare that:-

 I am bonafide member/associate member of Capital Smart City, vide membership No…………. dated………………….. and I was allotted a Plot bearing No……………..Street No ………… Block ……. measuring ………… ( Marla, Kanal, Sq Yd) in Capital Smart City

That this Gift Deed is made on the …………..day of ……….. between ……………………………S/o ………………………., Resident of ……………………., holding CNIC No ………………………. (hereinafter called “ the Donor”) of the one part.

AND

…………………………… s/o,d/o,w/o ………………………., Resident of ……………………., holding CNIC No ………………………. (hereinafter called “ the Donee”) of the other part.

WHEREAS the donor out of his/her natural love and affection for \_\_\_\_\_\_\_\_\_\_\_\_( relation) Mr,Mrs ……………. s/o,d/o,w/o ………………, the donee, is desirous of making gift of the said property to him/her.

**NOW THIS DEED WITNESSETH:-**

1. That in consideration of the natural love and affection of the donor for the donee, the donor hereby gifts the above described property to the donee free from all encumbrances.
2. That all the property described above, after this gift, shall be in the name of donee absolutely forever and donor shall have no right, tittle or interest in said property.
3. That donee hereby accepts the said gift.
4. That donor solemnly affirm and declare that the name of the donee should be entered in the record of Capital Smart City as the owner of the said plot/property.
5. That donor understand that by having transferred said plot to the donee, he cannot claim another or a second allotment of a residential plot in the said scheme.
6. The donee in the presence of WITNESS whereof accept the gift.

IN WITNESS WHEREOF the above said donor and donee have set their hands to this deed on the date first above mentioned.

**DONOR DONEE**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thumb Impression:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thumb Impression:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness No 1**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Witness No.2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_