### WIDOW/WIDOWER/ LEGAL HEIR TRANSFER APPLICATION

# From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: The Secretary

Capital Smart City

Subject:  **Widow/ Widower/ Legal Heir/ Transfer Member Ship No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plot No.\_\_\_\_\_\_\_\_Street/Lane\_\_\_\_\_ Sector/Block\_\_\_\_\_\_\_\_Capital Smart City\_\_\_\_\_**

1. It is submitted that my husband/ wife/ father ……….........................…………..……. CNIC # ………………………………. was allotted / purchased above said plot vide Letter No. …………………………………………….. dated ………………….... Unfortunately he/she has expired on…………………... (Death cert enclosed duly attested). He has left behind following legal heirs under ordinary / Sunni / Shiah law.

Relation Name CNIC /Registration No

a. Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Wife/Wives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Son/sons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Daughter/daughters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I affirm on oath that contents of this application are true and correct to the best of my knowledge and belief and there are no other legal heirs of the deceased. The legal heirs of the deceased have no objection on transfer of said plot on my name / Legal heirs. All the relevant documents are attached as required.

3. It is therefore requested that the above said plot may please be transferred on my name/legal heirs

4. Your co-operation in this regard is solicited, please

Yours Sincerely

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

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

CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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