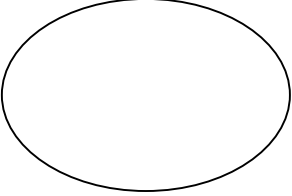
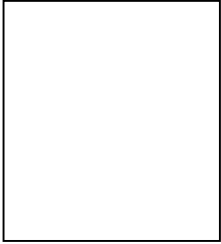
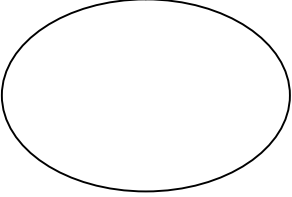
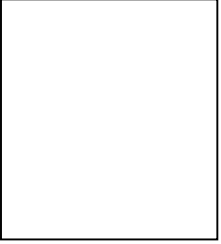
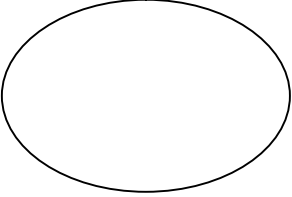
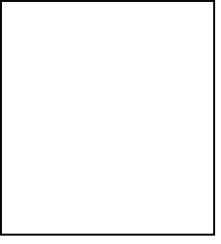
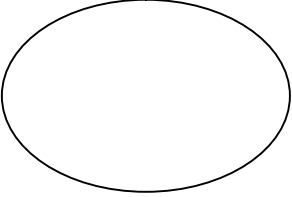



**PHOTOGRAPHS AND FINGER PRINTS**  
**AS PER SECTION 32 A OF REGISTRATION ACT, 1908.**

Sl.No	FINGER PRINT IN BLACK INK ( Left Thumb )	LATEST PASSPORT SIZE PHOTOGRAPH ( Black & White )	NAME & PERMANENT POSTAL ADDRESS OF Presentant / Seller / Buyer
			
			
			
			

**VENDOR**

**Note :** If the Buyer(s) is/are not present before the Sub-Registrar, the following request should be signed. I/We send herewith my/our photograph(s) and fingerprints in the form prescribed, through my representative, Sri ..... As I / We cannot appear personally before the Registering Officer in the office of Sub-Registrar of Assurances,

Signature of the Representative

WITNESSES :

1.

2.

**VENDEE**

TO BE FILLED ONLY CAPITAL LETTERS

**REGISTRATION PARTICULARS**

FULL NAME :

FATHER / HUSBAND NAME :

AGE :

OCCUPATION :

FULL ADDRESS :

PHONE NO :

----- for office use only -----

GROUP PASS BOOK NO(s).

DATE PLOT NO. (SQ.YDS)

EXECUTIVE NAME

SIGNATURE