## AFFIDAVIT TO BE SUBMITTED FOR JOINT KHATA TRANSFER

1.		. S/o or D/o or W/o	age	vears residing at the
	following address	, S/o or D/o or W/o		
2.	following address	, S/o or D/o or W/o		years residing at the
3.	following address	, S/o or D/o or W/o	age	years residing at the
4.	following address	, S/o or D/o or W/o	age	years residing at the
5.	following address	, S/o or D/o or W/o	age	years residing at the
6.	following address	, S/o or D/o or W/o	age	years residing at the

, in the ward number \_\_\_\_\_ and zone \_\_\_\_\_ of BBMP. PID number / Old Khata no /Survey No (if applicable) is\_\_\_\_\_.

We all are the joint applicants for Khatha transfer, and we authorize \_\_\_\_\_\_, for e-signing the application for Khata transfer on our behalf

We swear that the above mentioned is true to the best of our knowledge and belief.

Sworn to before me	Name and Signature of applicants		
	1.		
	2.		
Identified by me	3.		
	4		
	5		