

TO

THE SECRETARY,
CHANDIGARH HOUSING BOARD,
CHANDIGARH.

**SUBJECT:- APPLICATION FOR TRANSFER OF DWELLING UNIT IN THE CASE
OF INTESTATE DEATH.**

- 1. NAME OF THE CLAIMANT (S) : _____
- 2.FATHER’S / HUSBAND’S NAME : _____
- 3.CORRESPONDENCE ADDRESSES : _____
- 4.MOBILE NO. : _____
- 5.E-MAIL ID : _____
- 6.AADHAR NO. : _____
- 7.PAN NO. : _____
- 8.APPLICANT’S RELATIONSHIP WITH DECEASED ALLOTTEE : _____
- 9.DETAIL OF D.U. TO BE TRANSFERRED : DU. NO. _____ SECTOR _____
CATEGORY _____
- 10.REGISTRATION NO. : _____
- 11.DATE OF DEATH OF ALLOTTEE/ TRASNFEREE : _____
- 12.DETAILS OF OUTSTANDING PAYMENT : _____
DEPOSITED WITH THE BANK
- 13.WHETHER THE D.U. STANDS : _____
MORTGAGED WITH ANY AGENCY, IF
SO, DETAILS THEREOF
- 14.NO DUE CERTIFICATE/ NO OBJECTION: _____
CERTIFICATE FROM MORTGAGE(IF ANY)
- 15. WHETHER THE DWELLING UNIT IS FREE : _____
FROM ANY LITIGATION QUA THE TITLE
OF THE PROPERTY

DATED: SIGNATURE OF THE CLAIMANT(S)

- LIST OF DOCUMENTS ATTACHED:
- 1.
 - 2.