



Stock Holding Corporation of India Limited

Registered office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400012

Visit us at : www.shcilestamp.com

VER 4.0 311011

e-Stamping Application Form For Additional Stamp Duty

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----|--------------------|--|--|--|--|--|--|--|--|--|------------------|---|---|----|--|--|--|--|
| Base Certificate No. | IN | | | | | | | | | | | | | | | | | | |
| Stamp Duty Amount | ₹ | Indian Rupees only | | | | | | | | | | Application Date | / | / | 20 | | | | |

Stamp Duty Payment Details (name not exceeding 50 characters)

| | | | | | | | | | | |
|--|------------------------------------|--------------------------------------|-----------------|-------------------------------|---------------------------------|-----------------------------|------------------------------------|-------------------------------|-------------------------------|--|
| Stamp Duty Purchased by | | | | | | | | | | |
| Stamp Duty Paid by (✓ Tick) | <input type="checkbox"/> 1st Party | <input type="checkbox"/> 2nd Party | Type of Payment | <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> Pay-Order | <input type="checkbox"/> NEFT | <input type="checkbox"/> RTGS | <input type="checkbox"/> Account to Account Transfer |
| Cheque / DD / Pay-Order / NEFT / RTGS / Account Details | | | | | | | Cash Deposit | | ₹ | |
| Bank Name | Branch Name | Cheque /DD /PO /UTR /REF/Account No. | | | Deno. | Pieces | | | | |
| | | | | | 1000 X | | | | | |
| | | | | | 500 X | | | | | |
| | | | | | 100 X | | | | | |
| | | | | | 50 X | | | | | |
| | | | | | 20 X | | | | | |
| | | | | | 10 X | | | | | |
| | | | | | 5 X | | | | | |
| Rupees (in Words) : | | | | | 2 X | | | | | |
| | | | | | 1 X | | | | | |
| | | | | | Total | | | | | |

- Please submit the duly filled and signed form along with stamp duty amount at the e-Stamping counter
- Stamp Duty amount should be rounded off to the nearest Rupee
- The correctness of Article type and Stamp Duty amount cannot be confirmed at the e-Stamping counter
- Once the e-Stamp is generated no modifications/changes are possible, so carefully check the preview of the e-Stamp and only then sign the preview
- Once the e-Stamp has been generated, payment cannot be cancelled or refunded by SHCIL. For cancellation you need to get in touch with the Competent Authority at the Stamp Office appointed by the State Government
- Cancellation charges are applicable as levied by the State Government

I have read and understood the above instructions and the Information given by me in this form is true to the best of my knowledge and belief.

Name of the Party/ Representative: _____ Signature: _____
 (For Office use only)

I verify that the Application Form is in order

To be filled by USER **To be filled by SUPERVISOR**

| | | | | |
|-------------------------------|-------|-------------------------------|----|--|
| SUBIN | | Additional Certificate Number | IN | |
| Signature | | Signature | | |
| Stamp Certificate received by | Name: | Signature: | | |

SHCIL E-Stamping Receipt (To be filled in by the client)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|----|--|--|--|--|--|--|--|--|--|--------------------|------------------------------------|------------------------------------|---------------------------------|-----------------------------|------------------------------------|-------------------------------|-------------------------------|--|
| Base Certificate No. | IN | | | | | | | | | | | | | | | | | | |
| Stamp Duty Purchased By | | | | | | | | | | | Stamp Duty Paid by | <input type="checkbox"/> 1st Party | <input type="checkbox"/> 2nd Party | | | | | | |
| Stamp Duty Amount | ₹ | | | | | | | | | | | Type of Payment | <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> Pay-Order | <input type="checkbox"/> NEFT | <input type="checkbox"/> RTGS | <input type="checkbox"/> Account to Account Transfer |
| Cheque/ DD/ PO/ UTR/ REF/ Account No. | | | | | | | | | | | Date: / /20 | | | | | | | | |
| Bank Name | | | | | | | | | | | Branch Name | | | | | | | | |
| Counter Signature with Seal | | | | | | | | | | | | | | | | | | | |