

## SOP-DHA GUJRANWALA

### SPECIAL POWER OF ATTORNEY FOR TRANSFER OF FILE FOR PLOT

1. A no of clients cannot sell their plots, at the choice of their time, due to their absence from City / Country. This creates inconvenience for the clients. A need has been felt to devise a procedure which facilitates our clients to sell their file for plot while remaining away from city/country. They can come to DHA, at their convenience, to register special power of attorney (SPA) in the name of their trust worthy person and can sell their file for plot, as and when desired. To make this facility user friendly and deny its fraudulent usage, this SOP has been formulated.

2. **Documents**. Following documents are required for SPA:-

- a. Original and one photocopy of allocation letter.
- b. Original and 2 x photocopy of CNIC of the File / Plot owner.
- c. Original and 2 x photocopy of CNIC of each witness.
- d. 2 x photocopy of CNIC of attorney.
- e. 2 x photographs of attorney.
- f. Paid challan Form of SPA Fee.
- g. Printed SPA on Stamp Paper alongwith one photocopy for office record. Specimen at Annex A.
- h. Proof of blood relation. In case the attorney is blood relative.

3. **DHA Fee**

- a. **When Attorney is Blood Relative**. If the attorney is blood relative ie son, father, brother, husband, wife, daughter, mother, sister or other wife of husband, DHA fee will be, Rs 50,000 (Rupees Fifty Thousands only), for all categories of Plots.
- b. **When Attorney is not Blood Relative**. 10% of DC rate for all categories of Plots.

4. **Stamp Duty**. SPA will be typed on non judicial stamp papers of Rs. 3000.

5. **Procedure**. Following procedure will be adopted:-

- a. Director Transfer and Record, Transfer Officers and/or any other officer designated by Director Transfer and Record, called as Transfer Officer (TO) will be empowered to execute SPA.

- b. The File/Plot owner will submit the required set of papers (as per para 2) at Transfer and Record Branch Service Desk.
- c. Concerned Clerk/Superintendent will draw the relevant file from Record Branch and take following actions:-
  - (1) Scrutinize the papers.
  - (2) Compare the customer's copy of allocation letter with office copy.
  - (3) Verify the finger prints of file/plot owner.
  - (4) Confirm genuineness of CNIC from NADRA VERISYS.
- d. In case of any observation or discrepancy the papers will be returned to File/Plot owner for necessary action.
- e. The TO will ensure that the file/plot owner has personally appeared before him with two witnesses. He will take following actions:-
  - (1) Enter the required data in SPA Register.
  - (2) Get signatures and thumb impressions of file/plot owner and witnesses.
  - (3) Will sign and stamp SPA Register.
  - (4) Will get the signatures and thumb impressions of file/plot owner and witnesses on stamp papers.
  - (5) Will enter SPA Register serial number on the stamp paper, sign and stamp the papers and send the file/plot owner to photo desk alongwith SPA papers.
- f. The file/plot owner and witnesses will be photographed at photo desk. A paper printed with this photograph will be signed by the file/plot owner.
- g. The original SPA will be affixed with embossed stamp of Transfer and Record Branch and handed over to the file/plot owner, whereas, all remaining papers will be attached to the Record File.
- h. One copy of CNIC, each of file/plot owner and attorney will be attached to the stamp paper and signed/stamped by TO.

**SPECIAL POWER OF ATTORNEY FOR TRANSFER OF FILE FOR PLOT**

I, \_\_\_\_\_ S/O, D/O, W/O \_\_\_\_\_ CNIC No \_\_\_\_\_, adult, Resident of \_\_\_\_\_ do hereby solemnly affirm and declare that:-

1. I am the lawful owner of File for plot No \_\_\_\_\_ Sector \_\_\_\_\_ Phase \_\_\_\_\_ measuring \_\_\_\_\_ in DHA Gujranwala.
2. I hereby appoint \_\_\_\_\_ S/O, D/O, W/O \_\_\_\_\_ CNIC No \_\_\_\_\_, Resident of \_\_\_\_\_ as my attorney to transfer my said file for plot. His three specimen signatures and thumb impressions are appended below.


3. I undertake to indemnify DHA Gujranwala against loss or damage, if any, that may be occasioned to the DHA by the transfer/mutation of the aforesaid file for plot in the favour of any person through powers vested to the attorney.
4. I understand that this power of attorney is not valid for use against DHA in any court of law.

5. I have not appointed any other person as my attorney for this file for plot.
6. I agree to abide by all the rules and regulations of DHA Gujranwala.
7. I have not concealed anything from DHA Gujranwala / Attorney.
8. I have directed and bound my legal heirs to inform DHA in the event of my death along with necessary proof. DHA stands indemnified in case of any loss to my heirs of my property, if such information is not provided in time.

IN WITNESSES WHEREOF, I have set and subscribed my hands at Gujranwala Cantt on this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

**Executant**

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<p><b><u>Witness 1</u></b></p> <p>Name _____</p> <p>S/O _____</p> <p>CNIC No _____</p> <p>Address: _____</p> <p>_____</p>	<p><b><u>Witness 2</u></b></p> <p>Name _____</p> <p>S/O _____</p> <p>CNIC No _____</p> <p>Address: _____</p> <p>_____</p>
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BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_ 2019, personally appeared \_\_\_\_\_ to me, well known to be the person described in and who signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily for the use and purpose therein expressed.

SPA No	Date	Signature and Stamp of TO

Coloured Photograph of  
Attorney  
(To be pasted here)

Front Side copy of CNIC of Attorney  
(To be pasted here)

Reverse Side copy of CNIC of Attorney  
(To be pasted here)