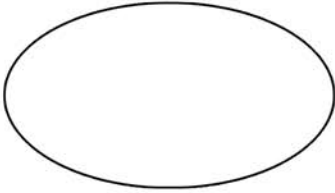
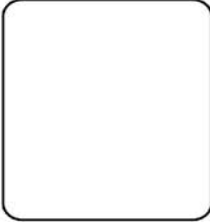
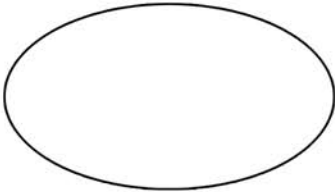
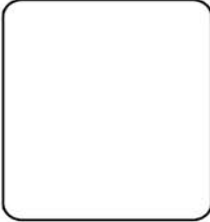
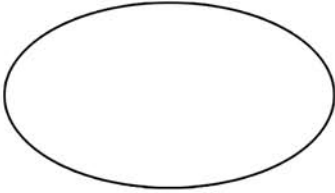
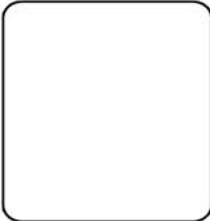
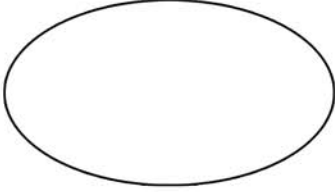
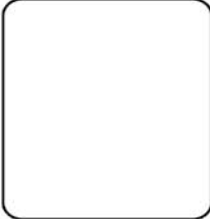


**PHOTOGRAPHS AND FINGERPRINTS AS PER SECTION 32A OF
REGISTRATION ACT, 1908**

Sl No	Finger Print Left Thumb in Black Ink	Recent Passport Size Photograph	Name & Permanent Postal Address of Parties
			_____ _____ _____ _____
			_____ _____ _____ _____
			_____ _____ _____ _____
			_____ _____ _____ _____

WITNESSES :

- 01.
- 02.

SIGNATURE OF THE EXECUTANT(s)

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 Office of Sub-Registrar of Assurance _____

- 01.
- 02.

Signature of the Representative

Signature of Witnesses

SIGNATURE OF CLAIMENT(S)