Schedule-I

AFFIDAVIT/AUTHORIZATION FOR LETTER OF ADMINISTRATION/SUCCESSION CERTIFICATE

1.	Ι_					S/D/W of					_bearing CNIC/	NICOP No.		
		do hereby state on oath that legal heirs mentioned below have authorized												
	undersigned to act on their behalf for the purpose of filling the application for the grant of succession													
	certificate/Letter of Administration in respect of moveable/immoveable properties (mentioned below) of the													
	deceased Mr/Mrs/Miss/MsS/D/W ofbea											bearing		
	CNIC/NICOP No													
2.	TI	he detai	ls of the		s and moveak									
						reable /Immoveable Properties (include all assets)								
Sı		Sr. As		ssets Type		Assets Description								
		المراجع مراء	. d th .			of oforomore		anhla/	l 100 100 0 1	مه ماطمه	anto in			
			_				lionea mov	reable/	imimov	eable as	sets is			
	(1.	e. Less t	nan/ ivi	ore than r	Rs. 100,000/-)									
					(b) Leg	al Heir's Deta	ils (Includ	e all leg	al Hei	rs)				
Sr	#	Name	CNIC/	Gender	Relation with	Relation with	Religion	Sect	Cell	Email	Share of Legal	Left thumb/		
			NICOP		Applicant	Deceased			No.		Heir of all asset e.g. (1/2 of total	Sign		
											or 2/8 of			
											remaining)			
3.	I_					the a	ibove name	ed appli	cant do	hereby	state on oath a	nd declare		
	th	at list of	legal he	eir(s) and o	details of the	assets provid	ed by me a	re true	and co	rrect to t	he best of my l	knowledge		
	ar	nd belief	and not	hing has b	een conceale	ed.								
Dat	ted	this		_day of	a	nt								
				-										
<u> </u>	, -	- 1 • •			<u> </u>					A				
Sigi	ign/ Thumb impression of Applicant										Attested by Oath Commissioner			