



ආදායම් දෙපාර්තමේන්තුව - බස්නාහිර පළාත් සභාව
இறைவரித் திணைக்களம் - மேல் மாகாண சபை
DEPARTMENT OF REVENUE-WESTERN PROVINCIAL COUNCIL

අංක 204, ඩෙන්සිල් කොබ්බෑකඩුව මාවත, බත්තරමුල්ල
இல 204, டென்சில் கொப்பேசுருவமாவத்தை,பத்தரமுல்ல.
No. 204, DenzilKobbekaduwaMawatha, Battaramulla.

මගේ අංකය
எனது இல
My No.

ආදායම් කොමසාරිස් / இறைவரி ஆணையாளர்
Commissioner of Revenue
දුරකථන / தொலைபேசி / Telephone } 0112 077270
ෆැක්ස් : தொலைநகல் / Fax

පොදු / பொது / General
දුරකථන }
தொலைபேசி } 0112 077238
Telephone }

දිනය 2019/
திகதி
Date

Application for Requesting the Opinion of Valuation for Stamp Duty Under
Section 62 of Financial Statute of the Western Province No of 06 of 1990

1. Details of Grantee

1.1. If Grantee is a Person ;

Grantee's Name in Full:

Address:

NIC/Passport: Contact No:

Email:

1.2. If Grantee is a Company ;

Company Category: Company Type:

Company Name:

Official Address:

Registration No: Registration Date:

Director's Name: Contact No:

Contact Persons' Name in Full:

Address:

NIC/Passport: Contact No:

Email:

නියෝජ්‍ය කොමසාරිස් - කොළඹ/මුද්දර பிரதிஆணையாளர் Deputy Commissioner - Colombo/ Stamp	නියෝජ්‍ය කොමසාරිස් - මහරගම பிரதிஆணையாளர் Deputy Commissioner - Maharagama	නියෝජ්‍ය C කොමසාරිස් - ගම්පහ பிரதிஆணையாளர் - Deputy Commissioner - Gampaha	නියෝජ්‍ය කොමසාරිස් - කළුතර பிரதிஆணையாளர் Deputy Commissioner - Kaluthara
Telephone : 0112077235 Fax : 0112077235	Telephone : 0112840099 Fax : 0112840099	Telephone : 0332226530 Fax : 0332226530	Telephone : 0342223124 Fax : 0342223124

2. Details of Grantor

2.1. If Grantor is a Person ;

Grantor's Name in Full:

Address:

NIC/Passport: Contact No:

Email:

2.2. If Grantor is a company ;

Company Category: Company Type:

Company Name:

Official Address:

Registration No: Registration Date:

Director's Name: Contact

Contact Persons' Name in Full:

Address:

NIC/Passport: Contact No:

Email:

3. Details of Notary/Lawyer

Name in Full:

NIC/Passport No: Duplicates:

Bar Association/Registration No:

Official Address:

Personal Address:

Contact No (Official/ Personal):

Email:

4. Details of Property

Nature of Deed: Previous Deed No:

Nature of Previous Deed: Previous Deed Date:

Previous Registration Date: Local Authority and No:

Folio No: Grama Niladhari Division:

Survey Plan No: Survey Plan Date:

Surveyor's Name:

Lot No: Extent (Perch):

Name of the Property:

Address of the Property:

Property Usage: Nearest Town:

5. Details of the Building

Type of Building:	<input type="text"/>	Plan No:	<input type="text"/>						
Plan Date:	<input type="text"/>	Unit No:	<input type="text"/>						
Year of Construction:	<input type="text"/>	No of Floors:	<input type="text"/>						
Floor No:	<input type="text"/>	Area (Square Feet):	<table border="1"><thead><tr><th>GF</th><th>FF</th><th>SF</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	GF	FF	SF	<input type="text"/>	<input type="text"/>	<input type="text"/>
GF	FF	SF							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Facilities Available:	<input type="text"/>								
If Property Rented, Monthly Rent:	<input type="text"/>								
Relevant Date for the Market Value:	<input type="text"/>								
If the Property used for a Loan, Loan No:	<input type="text"/>	Loan Amount:	<input type="text"/>						
Loan Date:	<input type="text"/>								
Bank Details (Name, Branch):	<input type="text"/>								

6. Other Details

If Any Opinion Obtained Earlier, Opinion No:

I certify that the above information is true and correct.

Name:	<input type="text"/>	NIC No:	<input type="text"/>
Date:	<input type="text"/>	Signature:	<input type="text"/>

Should be attaching following documents:

- | | |
|--|--------------------------|
| 01. Copy of Previous Deed | <input type="checkbox"/> |
| 02. Draft Deed | <input type="checkbox"/> |
| 03. Survey Plan/ Building Plan | <input type="checkbox"/> |
| 04. Route Plan | <input type="checkbox"/> |
| 05. Assessment Notice, Valuation Report (if available) | <input type="checkbox"/> |
| 06. Photo Copy of Grantee's NIC | <input type="checkbox"/> |