

**Annexure – I: Application for transfer of rights and liabilities of the project
under Section 15 of RERA Act**

(On the company letter head of incumbent promoter)

To

The Secretary

Uttar Pradesh Real Estate Regulatory Authority
Naveen Bhavan, Rajya Niyojan Sansthan,
Kala Kankar House, Old Hyderabad,
Lucknow – 226007

Sub: Application for transfer of majority rights and liabilities of the real estate project
<Project Name> (<RERA Registration No>) under the provisions of Section 15 of the
RERA Act.

Sir,

I/ We herewith apply for approval to transfer or assign my / our majority rights and
liabilities in respect of the above-mentioned real estate project to a third party with the
following details:

| | | |
|-------------|---|--|
| I. | Project Details | |
| | 1. U.P. RERA Registration ID | |
| | 2. Name of Project as registered with U.P. RERA | |
| II. | Incumbent Promoter Details | |
| | 1. Promoter Registration ID | |
| | 2. Promoter Name as registered with U.P. RERA | |
| | 3. Promoter Address (Communication Address) | |
| | 4. Promoter Email Address | |
| | 5. Authorized Representative | |
| | 6. Contact Number of Authorized Representative | |
| III. | Intending Promoter Details | |
| | 1. Promoter Registration ID (If applicable) | |
| | 2. Promoter Name | |
| | 3. Promoter Type (Ltd. / Pvt. Ltd. / Partnership / LLP / Proprietorship/Society/Individual/AoP) | |
| | 4. Promoter Address (Communication Address) | |

| | | |
|------------|--|--|
| | 5. Promoter Email Address | |
| | 6. Authorized Representative | |
| | 7. Contact Number of Authorized Representative | |
| IV. | Reasons for Transfer | |
| V. | List of Enclosures | |

I / We have enclosed all the required documents as per the relevant directions of U.P. RERA regarding such transfers under the provisions of Section 15 of the RERA Act.

I / We hereby declare that the details furnished herein above are true and correct to the best of my/our knowledge and belief and that I/We undertake to inform you of any changes therein immediately.

Yours faithfully,

Name, Designation and Signature
of the Authorized Representative
with Stamp

Date:

Place: