

PELMADULLA PRADESHIYA SABHA

MY NUMBER -

APPLICATION FORM FOR AMENDMENT OF THE NAME OF THE ASSESMENT DOCUMENT.

1) PERSONAL INFORMATION

- (a) FULL NAME :-
- (b) NIC NUMBER :-
- (c) TELEPHONE NUMBER :-
- (d) EMAIL ADDRESS :-
- (e) POSTAL ADDRESS :-

2) PROPERTY INFORMATION

- a) PROPERTY TITLR NUMBER AND STREET :-
- b) PROPERTY ADDRESS :-
- c) BELONG OWNER NAME :-
- d) PRESENT OWNER NAME :-
- e) PRESENT OWNER'S ADDRESS :-
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- a. Note:
- b. The following documents should be submitted along with this.
- c. a. Extract from the deed certified by a Notary Public
- d. b. Photocopy of the deed.
- e. c. Mining plan.
- f. d. 30-year tax return.

3)

- a) The applicable tax has been paid /not /is applicable in this village.
- b) The water tax has been paid /not /is applicable.
- c) The garbage tax has been paid /not /is applicable.
- d) The water tax has been paid /not /is applicable.

I certify that the above information is true and correct.

Date:-

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Signature of the applicant.

4) For official use.
Application examined and received.

Date:-

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Name and signature of the person receiving it. (Seal)

4) Revenue Administrator.
I will check and report.

Date:-

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Chairman/Secretary.

4) Revenue Administrator's Report.

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I hereby confirm that the information submitted by the applicant is correct.

Date:-

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Signature of Revenue Administrator. (Seal)

4) Subject Officer.

I refer to the Assessment Department for sending.

Date:-

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Chairman/Secretary.