## FORM 'N'

[See rule 38(1)]

## APPLICATION TO ADJUDICATING OFFICER

Claim for compensation under section 31 read with section
71 of the Act. For use of Adjudicating Officers office:
Date of filing:
Date of receipt by post:
Application No.:
Signature:
Authorized Officer:
IN THE ADJUDICATING OFFICERS OFFICE (Name of place)
Between
applicant(s)
And
_ Respondent(s) Details of
claim:

- 1. Particulars of the applicant(s):
  - (i) Name of the applicant:
  - (ii) Address of the existing office / residence of the appellant:
  - (iii) Address for service of all notices:
  - (iv)Details of allottees apartment, plot or building
- 2. Particulars of the respondents:
  - (i) Name(s) of respondent:
  - (ii)Office address of the respondent:
  - (iii) Address for service of all notices:
  - (iv)Registration no. and address of project:
- 3. Jurisdiction of the Adjudicating Officer:

The applicant declares that the subject matter of the claim falls within the jurisdiction of the adjudicating officer.

4. Facts of the case:

[give a concise statement of facts and grounds of claim against the promoter]

5. Compensation(s) sought:

In view of the facts mentioned in paragraph 4 above, the applicant prays for the following compensation(s)

\_\_\_\_\_

[Specify below the compensation(s) claimed explaining the grounds of claim(s) and the legal provisions (if any) relied upon]

6. Claim not pending with any other court, etc.:

The applicant further declares that the matter regarding which this appeal has been made is not pending before any court of law or any other authority or any other tribunal(s).

- 7. Particulars of bank draft in respect of the fee in terms of sub-rule (1) of rule 37:
  - (i) Amount
  - (ii) Name of the bank on which drawn
  - (iii) Demand draft number
- 8. List of enclosures:

[Specify the details of enclosures with the application]

## **Verification**

I (name in full block letters) son / daughter of									the	
applicant do hereby verify that the contents of paragraphs [1 to 8]									are	
	•	personal ny materia	knowledge al fact(s).	and	belief	and	that	I	have	not
Place:										
Date:										
Signature of the applican									nt(s)	