

STAMP PAPER

**AFFIDAVIT FOR TRANSFER OF OWNERSHIP OF A
NEWSPAPER/PERIODICAL/TITLE**

I,
Shri/Smt. _____ aged
about _____ years, Son/Daughter/Wife of

_____ residing at NO. _____ do hereby declare that I am
the Owner of the newspaper/periodical/title named _____

_____ language _____ Periodicity
_____ since _____ years.

I have transferred on
_____ (day) _____ (month) _____
_____ (year) the entire Right of ownership including all liabilities to Shri/Smt.
_____ aged
about _____ years, Son/Daughter/Wife of
_____ residing at
No. _____.

Further, I declare that the entire assets, liabilities and responsibilities will be at the
own risk of Shri/Smt. _____ henceforth.

Place:
the owner

Signature of

Date:

Identified by me.

Signature of the Advocate/Notary Public

Authenticated by me this the _____ day of _____.

Office seal

Signature of CMM/DM/ADM/SDM _____

Magistrate (Ist Class)

Designation _____

Date _____

STAMP PAPER

**AFFIDAVIT FOR TRANSFER OF OWNERSHIP OF A
NEWSPAPER/PERIODICAL/TITLE BY
COMPANY/ORGANISATION/SOCIETY/TRUSTEE ETC.**

1. I, _____ (Name)

Aged _____ years,
_____ (Designation)

residing at _____ (Address)

as authorized by M/s _____
(Name of Company/Organization), a Company/Organization registered under the
Indian Companies/Registration of Societies Act and having their
office _____

_____ (Address) do hereby declare that

M/s. _____ the
Company/Organisation) are the owners of the newspaper/periodical
, _____ ' language
_____ Periodicity _____ being published
from _____ .

2. I, the above named person, do also hereby declare that M/s. _____ have
transferred the entire rights of ownership/publisher ship/printership including all
liabilities of the above mentioned newspaper/periodical to M/s. _____
_____ (Name & address)
registered under the Indian Companies/Registration of Societies Act on
_____ .

3. I further declare that the above named owner have no objection of the
continuation of the above named newspaper/Periodical by M/s.

_____ and that the entire assets/liabilities and responsibilities will be at the risk of
M/s.

(Name of the Company/Organisation with full address).

Signature of the Authorized Signatory

Name: _____

(In Capital letters)

Place:

Date:

Designation _____

Authenticated by me this, the _____ day of
_____ .

Signature and Seal of DM/1st Class Magistrate