AFFIDAVIT
STAMP DUTY EXEMPTION
(Under ‘Chapter 11; Incentives of Heritage Properties’, of the Uttar Pradesh Tourism Policy 2018)

(On General Stamp Paper worth ₹100/- to be purchased in the State of Uttar Pradesh in the name of the Department of Tourism, Government of Uttar Pradesh, and to be sworn before a Public Notary)

I/We …………………………………………………………………… hereby state that I/we have registered the Heritage Hotel [Name] _________________________________________________________ under the Uttar Pradesh Tourism Policy 2018, with Registration Number _________________, as issued by the Department of Tourism, Government of Uttar Pradesh.

I/We undertake that, for establishing a heritage hotel, where any building and its appurtenant land is purchased, and the owner of the building and its appurtenant land is the same person, then on such transfer deeds, I/we intend to avail 100% exemption of the payable stamp duty, as per provisions of the Uttar Pradesh Tourism Policy 2018, and that I/we shall construct the heritage hotel and start commercial operations thereof within 3 years from the date of availing the Stamp Duty Exemption. I/We also understand that I/we may be allowed additional period of not exceeding 2 years by the Director General, Department of Tourism, Government of Uttar Pradesh, for the same. Further, I/we agree, that if I/we are not able to start commercial operations of the heritage hotel within the allowed period, or such extended period, or do not abide by the terms and conditions listed under the Uttar Pradesh Tourism Policy 2018, I/we are liable to pay an amount equivalent to the Stamp Duty Exemption availed, along with simple interest at the rate of 15%. I/We will also pay any additional recovery/penalty as per the provisions of the Stamp and Registration Department, Government of Uttar Pradesh, in respect of the exemption availed. I/We also understand that in case of non-payment of the amount due, it will be recovered as the land revenue.

Authorized Signatory
Seal and Signature
(With Name, Address, Email ID and Contact Number)

Place:
Date:

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