

Kindle Developers Pvt. Ltd.

(A shubhkamna-advert Group Company)
Corp. Off.: A-102, 1st Floor, Star House

Sector-4, Noida-201301

Unit No.

Leasable/Saleable Area.

Block No......Floor No.....

Ph.: 0120-4531111 • Fax: 0120-4531100

Toll Free No.: 1800-200-1415

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APPLICATION FORM

To, Kindle Developers Pvt. Ltd. (A shubhkamna-advert Group Company) A-102, 1st Floor, Star House, Sector-4, Noida-201301 Dear Sir(s), I/We request that I/we may be provisionally allotted a residential Apartment in shubhkamna-advert LORD'S, Sector-79, Noida, under your Construction Linked Payment Plan Down Payment Plan I/We remit herewith a sum of Rs..... .(Rupees only) by Cash/Bank Draft/Cheque No dateddrawn on.....as booking amount. In the event of M/s. Kindle Developers Pvt. Ltd. (Hereinafter called the Company/Builder/Developer) agreeing to provisionally allot an apartment on sub lease, I/We agree to pay further installment of sub lease consideration and all other dues as stipulated in this application and the Allotment Letter and the Payment Plan as explained to me/us by the company and understood by me/us. I/We have clearly understood that this application does not constitute an Agreement to Sell and I/We do not become entitled to the provisional and/or final allotment of an apartment notwithstanding the fact that the company may have issued a receipt in acknowledgement of the money tendered with this application. It is only after I/We sign and execute the Allotment Letter on the company's standard format agreeing to abide by the terms and conditions laid down therein that the allotment shall become final and binding upon the company. I/We agree to abide by the terms and conditions of this application including those relating to payment of sub lease consideration and other charges as laid down herein and the execution of the Allotment Letter. My/Our particulars are given below for your reference and record: SOLE OR FIRST APPLICANT Mr./Mrs./Ms S/W/D of. ..AgeYears Date of Birth Nationality. Please affix your Profession/Service. Photograph Here Residential Status: Resident Non-Resident Foreign National of Indian Origin Income Tax Permanent Account No.. Ward/Circle/Special range and place where assessed to income tax:..... Mailing Address.Fax No. Telephone Nos.....Mobile No...... Designation, Office Name & Address...... Telephone Nos...E-mail ID..... 2. SECOND APPLICANT Mr./Mrs./Ms S/W/D of ... Please affix your Relation with first applicant... Photograph Here **DETAILS OF APARTMENT:**

Tower No.

(i) (ii) (iii) (iv) (v) (vi)	Particulars Basic Sale Price (BSP) Floor PLC Location/View PLC One time Lease Rent	Rate	Area/Particulars sq. ft. sq. ft.	Amount (Rs.)
(ii) (iii) (iv) (v)	Floor PLC Location/View PLC		sq. ft.	
(iv) (v)			4	+
(v)	One time Leace Pont		sq. ft.	
	טווע נווווע בעמשע חלוונ		sq. ft.	
(vi)	External Electrification Charges		sq. ft.	
	Fire Fighting Charges		sq. ft.	
(vii)	External & Internal Development Charges		sq. ft.	
(viii)	Electricity Load with Power Backup		kva.	
(ix)	Club Membership Charges			
(x)	Other Charges (If any)			
(xi)	Car Parking		Covered TOTAL	
(i) I/We ar (ii) I/We ar	ts to be made by way of A/c Payee Cheque/Demand re ready to pay IFMS charges @ Rs. 40/- per sq. ft. re ready to pay service tax or any other statutory charges.	on offer of posso arges as levied b	ession.	
Any other	Remarks:			
	e above particulars/information given by me/us are	true and correct	: and nothing has been concealed th	nere from. Yours faithfi
				Signature of applica
		FICE USE O		orginaturo or approcar
ACCEPTED	D/REJECTED	Signat	tureDate	
	NT DETAILS Block No	г	loor No Tou	uor No
	reasq. ft. @			
	·	·	sq. it. along with following additiona	ii charges to be paid as
_	uction Linked Payment Plan Down Payment Plan	.I		
PAYMENT				
(a) BSP @ F	Rs(b)	Other Charges (i	if any)	
(c) Parking	Charges(d)	Service Tax		
(e) Total an	nount payable for apartment together with the other	r charges and pa	arking charges Rs.	
Payment r	received vide Cheque / DD / Pay order No		Dated	
Drawn on	for Rs	(Rupees		
Provisiona	al Booking Receipt No		Dated	
BOOKING:	☐ DIRECT ☐ THROUGH SALES ORGANISER			
Sales Orga	aniser's Name & Address, Stamp with signature:			
Remarks:				
	t for Receiving Officer:			

4. PAYMENT PLAN: