

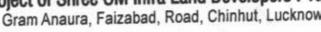
Tel No. ____ Office Address_

Email ID: _

Residential Address_

SHREE BALAJI TOWER

A Project of Shree OM Infra Land Developers Pvt. Ltd. Gram Anaura, Faizabad, Road, Chinhut, Lucknow





	ALLO	TMENT LET	TER	
Booking Request From "SI	nri Balaji Tow	ers"	E	orm.:
Dear Sir, /We wish to seek registration	on of future all	otment of a resid	ential being developed	and promoted b
Shree Om Infra Land Develor will by finalized only after the	opers (P) LTD. layout and the	". The flat Numbe flats are sanction	ed by the concerned on	"First Come Firs
, , , , , , , , , , , , , , , , , , ,	Cheque/Draft		Dated	
Rs	(in words)			
This may please be treated a	an advance s	ubject to the follow	ving conditions:	
I his may please be treated a It is understood that the comp	san auvance,	ter my/our booking	n equest for Unit no	a
a basic price of Rs	arry strain regis	lei myrodi bookii;	ner soft of super area.	
a basic price of Rs	(Rs	- (1 6-)	Tower Name	
a basic price of Rs Flat Details: Flat No	FlatAre	a (In sq. π.)	IOWEI Name	***************************************
	**************************************		*	
Payment Plan : DP /	CLP /	FLEXI		
		31		1
Basic Sales Price			and the same of th	
Service Tax @ 3.09%				
Floor PFC				
PLC Charge			1 10 10 5	APPLICANT
IFMC				Please affix
EDC			and the same of th	Your Photograph Here
Power Backup		VIII TO		
Service Tax @ 12.36%				- 1
Car Parking (Covered / Oper	1)		. 11	
TOTAL		101	•	_
My part	iculars are give 1 SOL	en below for you r E OR FIRST APP M/s.	eferences and record: LICANT	
Name		-		
Son / Daughter / Wife of _				
Nationality	Age	Years	Profession	
Residential Status: Reside	nt/ Non-Resid	ent./ Foreign Natio	onal of Indian Origin	
Income Tax Permanent Ac	count No			

Mobile No. ____

Second Applicant 2 APPLICANT Please affix Your Photograph Ms. Mrs. Mr. Title Here Name. Son/Daughgter/Wife of_ Age______Profession_ Nationality_ Residential Status: Resident/ Non-Resident/ Foreign National of Indian Origin_ Income Tax Permanent Account No... ____ Mobile No. __ Tel No. Office Address____ Residential Address____ Email Id:__ OR Company Registered under the campanies **M/s._ act, 1956, having corporate Identification no. _____ and having its registered office at ____through its duly authorized signatory Shri authorized by Board resolution dated (copy of Board Resolution long with certified copy of Memorandum & articles of association required), having PAN No .: _ (**Delete whichever is not applicable) PARTICULARS OF PLOT REQUESTED (ALONG WITH PREFERENTIAL LOCATION CHARGES AND OTHER PAYMENTS/CHARGES DESCRIBED IN THE PAYMENT PLAN NOMINEE DETAILS Ms. Mr. Mrs. Title Name_ Son/Daughgter/Wife of_ Nationality_____ Age_____Years_____Profession_ Residential Status: Resident/ Non-Resident/ Foreign National of Indian Origin.... Income Tax Permanent Account No ... _____ Mobile No. _____ Tel No. Office Address _____

Residential Address___

Email Id:__

Note:

- Cancellation amount of Rs 10000 will be deducted from received amount, in case less then 10% is received
- in case of cancellation after Allotment 10% cost of Flat will be deducted.
- No pass back or credit note is permissible. Company shall not be responsible for any pass back or credit note offered by Employees / Associate / Broker / Underwrite.
- Stamp duty, registration charges, legal miscellaneous expenses, meter connection and any other charges levied by government shall be payable by allotee at the time of possession. CASH PAYMENTS ACCEPTED ONLY ON PROPER RECEIPT.
- For details terms and condition refer to Flat buyer allotment latter.
- All Flats numbering and layouts, size are tentative, It can be varied
- · Cheque/ Draft to be issued favouring.
- Company has right to cancel the Flat, if the Purchaser is unable to pay three regular installments

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The die reside	nt/Non Resident	Indian. I We are Income Tax Assesses in	
word no	.Distt. No	and the PAN no. is	
		and the PAIN no. is	
SIGNATURE			
SIGNATURE			
Second Applicant			
Declaration: I/ We are residen	nt/Non Resident	ndian. I We are Income Tax Assesses in	
word no	.Distt. No	and the PAN no. is	************************
SIGNATURE			
Name of Broken (A 4			
varie of Broker/Agent			
SIGNATURE (with stamp)			
Place			
Date			
ne photograph of each	g with booking i	orm:	
Copy of PAN Card of each		orm:	
Documents to enclose along One photograph of each Copy of PAN Card of each Copy of Residence proof of ea	ech For Off	ce use Only	
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