| PLICATION SOURCE | Date |
|---|--|
| DIRECT ASO Code: ASO Code: | |
| NAME & ADDRESS | |
| | |
| | |
| | |
| To, | |
| M/s SHREE SAI BABA INFRA PROJECT PVT. LTD. | |
| SUBJECT: Advance Payment for the booking of Residential Unit in your upon | coming Affordable Housing Project Shree |
| Sai City at Dasepur, Harahua, Airport Road, Varanasi, Uttar Pradesh. | |
| | |
| Dear Sir/Madam, | |
| I am /We are interestd to book a Residential unit type: | The state of the s |
| 1 BHK 2 BHK 3 BHK | |
| (Booked Sq.Ft.),in your project Shree Sai City situated at Varanasi, Uttar Pradesh. | Dasepur, naranua, Airport Road, |
| Pursuant to the above, I am/We are enclosing a Cheque/DD bearing number | rdatedissued |
| favouring, □□ Shree Sai Baba Infra Project Pvt. Ltd.□□ Drawn on | (Bank |
| Rs/-by way of advance payment to be adjusted | against the consideration payble for the |
| booking amont of Residential unit in your project Affordable Housing Project | Shree Sai City. |
| I/We accept that the Basic Sale Price (BSP) shall be Rs. | per Sq. Ft. and the |
| other charges as may be applicable shall be accepted to me/us. | |
| I/We undertake to submit the Application From duly filled by me/us, as may b | pe provide by you, within 15 days from |
| the date of intimation made by you. | |
| | |
| DOCUMENTS SUBMITTED | |
| | |
| Cheque of Booking Amount | |
| Copy of Address Proofs of All Applicants Copy of Address Proofs of All Applicants | |

CLIENT DETAILS

| 1) | Applicant Name | | S/W/D | _ |
|----|---|--------------------|-----------------------------|--------|
| | Nationality | Date of Birth | Anniversary Date | |
| | Permanent Address | | | |
| | Correspondence Address | | | |
| | Mobile No.:+91 | Landlin | ne No.: | |
| | E-mail | | | |
| 2) | Co-Applicant Name | | S/W/D | _ |
| | | | Anniversary Date | |
| | Permanent Address | | | |
| | Correspondence Address | | | |
| | Mobile No.:+91 | Landlin | ne No.: | |
| | E-mail | | | |
| | Payment Plan | CLP | ——Down Payment Plan ———Flex | i Plar |
| | Details of Unit be purchased — | | | |
| | | | | |
| | Basic rate per sq. ft. Rs | | | |
| | Unit No. | • | | 578 |
| | Floors | | | |
| | Car-parking space | Open(| Covered Not Applicable | |
| | Park/Green Facing | | | |
| | Allottee's Income Tax permanen | t Account (PAN):H, | | |
| | Particulars of sales staff | | | |
| | Place | | Date | |
| | Name of Applicant | | | |
| | Name of Co-Applicant | | | |
| | | | | |
| | Signature of the Applicant | FOR OFFICE | Signature of the Co-App | olican |
| | | FOR OFFICE | USE ONLY | |
| | Pending Approved Remarks: | Not Approved | | |
| | Itemans. | | | |
| | Decembered 9 F | | | |
| | Recommended & Forwarded By (Name & Designation) | | | |