

# **DREAM TOWN**

## **G-19 , ORCHID GREEN , RAJA KA TAL , FIROZABAD-283202**

### APPLICATION FORM

[DREAM TOWN]

[D-53 , ORCHID GREEN , RAJA KA TAAL , FIROZABAD-283203]

Contact: [9837057680], Email: [Email Address]

**Subject:** Application for Allotment of Residential Unit in [Project Name]

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**To,**

The Authorized Officer,

[DREAM TOWN ],

[DREAM TOWN ],

[DREAM VALLEY COLONY PHASE-1 ]

**Dear Sir/Madam,**

I/We hereby submit my/our application for the allotment of a residential unit in your group housing project "[DREAM TOWN]" at [DREAM VALLEY COLONY PHASE-I] under the terms and conditions as mentioned in your brochures, price lists, and any other applicable documents.

**U.P. RERA Registration Number:** [UP-RERA Registration Number]

Please find my/our details below:

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#### **Applicant Details**

1. **Full Name:** [Applicant's Full Name]
2. **Father's/Husband's Name:** [Name]
3. **Address:** [Full Address]
4. **Phone Number:** [Phone Number]
5. **Email ID:** [Email Address]
6. **PAN No./Aadhaar No.:** [PAN/Aadhaar Number]

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#### **Unit Details**

1. **Type of Unit:** [Apartment/Villa/Other]
2. **Preferred Unit No./Floor:** [Unit Preferences]
3. **Carpet Area (Approx.):** [Area in sq. ft./sq. m.]
4. **Parking Preference:** [Yes/No]

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**Payment Details**

1. **Total Unit Price:** ₹[Amount in INR]

2. **Payment Plan:** [Down Payment/Installments/Other]

3. **Booking Amount Paid:** ₹[Amount in INR]

4. **Mode of Payment:** [Cheque/Bank Transfer/Other]

5. **Details of Payment:**

- **Transaction No./Cheque No.:** [Details]
- **Date:** [Payment Date]
- **Bank Name:** [Bank Name]

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**Declaration**

I/We confirm that all the information provided above is true to the best of my/our knowledge. I/We have read and understood the terms and conditions related to the project and agree to abide by them.

**Signature of Applicant(s):**

1. \_\_\_\_\_ Date: [Insert Date]
2. \_\_\_\_\_ Date: [Insert Date]

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**Enclosures:**

1. Copy of PAN Card/Aadhaar Card
2. Address Proof
3. Proof of Payment (Receipt/Bank Details)

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For **[DREAM TOWN]**,

**Authorized Signatory**

Date: [Insert Date]