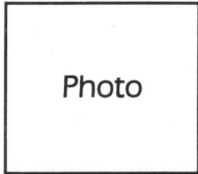




APPLICATION FORM



No. : 140

ASPIRE

I/We, request you to allot me _____ BHK Apartment No. _____ in _____ Block on _____ Floor, measuring super built up area of _____ sq.ft. with terrace area of _____ sq.ft./garden area of _____ sq.ft and _____ top covered/open car park in the Basement /Ground level.

1) Name in full Age PAN No. Name of the Father / Husband	1) Mr./Mrs. _____ 2) Mr./Mrs. _____ 1. _____ Yrs; 2. _____ Yrs. 1. _____ 2. _____ Mr. _____ Age _____ Yrs.
2) Company Name	
3) Residential Mailing Address	
4) Agreement Address	
5) Contact No.	(O) _____ (R) _____ Cell _____ e-mail _____

I understand that the basic cost of my Apartment is as under :

- 1. Apt. Area _____ sq.ft. X Rs. _____ (Rate) = Rs. _____
- 2. Terrace/Garden Area _____ sq.ft. X Rs. _____ (Rate) = Rs. _____

I/We would prefer the exclusive right for covered / open parking for which we agree to pay Rs. _____

I/We hereby agree to pay additional expenses which includes stamp duty, registration & legal fee, Bescom and BWSSB expenses and deposits, charges towards Property Assessment and any other statutory levies as applicable from time to time. Also agree to pay any increase in existing tax levies and any fresh governmental levies, applicable during the contract period.

Agree to be a member of the club at a fee of Rs. _____, and generator charges of Rs. _____.

Agree to pay one time maintenance deposit towards facilities within the above block, which is approximately Rs. _____ per sq.ft. and also onetime Corpus Fund @ Rs. _____ per sq.ft. on apartment area for the Maintenance of Parks and Open Spaces.

Please find enclosed herewith a cheque no. _____ dated _____ drawn on _____ bank, _____ branch, for an amount of Rs. _____/- towards earnest money deposit. I/We further assure to pay balance of EMD amount of Rs. _____/- within 7 days from the date of this application.

I/We agree to execute an agreement for the apartment within 10 days of your confirmation of acceptance of this application failing which you will be free to forfeit the booking amount/EMD.

I/We am/are also aware that my/our application for allotment is subject to your acceptance of the offer made by me/us in the application and if my/our application is rejected by you, I/We will have no claims whatsoever and I/We will accept the refund of the EMD without payment of interest.

Booking date _____ on installment basis as per price list dated _____ (enclose prevailing price list).

Thanking you,

Truly Yours,

Attended By _____

Signature of Applicant
Date:

Signature _____