

ALLOTMENT LETTER

PROJECT NAME: SUVAMI APARTMENT

Site Address: Khalia Paschim Para, Chamrail, P.S. Liluah, Dist. Howrah 711 114

FIRST / SOLE APPLICANT

Mr. / Ms. / Mrs. / Mast. / Mis. _____

S/o, D/o, W/o, C/o _____

Nationality / Country _____ D.O.B _____ / _____ I.T.PAN _____

SECOND / JOINT APPLICANT

Mr. / Ms. / Mrs. / Mast. / Mis. _____

S/o, D/o, W/o, C/o _____

Nationality / Country _____ D.O.B _____ / _____ I.T.PAN _____

CONTACT DETAILS

Phone Nos. (Res.) _____ (Off.) _____ (Mob.) _____

(Fax:) _____ (E-mail) _____ (Website) _____

RESIDENTIAL Add. : C/o _____

 City/State/Pin _____

OFFICE Add : C/o _____

 City/State/Pin _____

Mailing Add. Residential Office (or) _____
 Permanent Add. Residential Office (or) _____

FLAT CHOICE

Block No.	_____	Flat No.	_____	Floor No.	_____	Block No.	_____	
PRICING PARTICULARS	Base @Rs.	+	PLC@Rs.	+	HE@Rs.	=	TOTAL Rate	TOTAL PRICE (Rs.)
CARPET AREA	_____	+	_____	+	_____	=	@Rs.	_____
Ground Open Individual Car park	_____		Nos>>	_____	=	@Rs.	_____	_____

APPLICATION PAYMENT DETAILS: In favour of "TLB GROUP"

Sl.	Cheque/DD	Dated	Drawn on Bank	Amount (Rs.)

Agreement for sale must be made within 15 days of Allotment, otherwise allotment may be cancelled.

Signature of Sole/ First Application	Signature of Joint/ Second Application
Date : _____ Place : _____	Date : _____ Place : _____

FOR OFFICIAL USE ONLY (Not to be filled by the applicant)

Signature of Authorised Sales executive _____ Exe Name _____
 Authorised Developer's signatory (if req.) Signatory 1. _____ Signatory 2 _____
 Recorded on ___/___/___ Recorded by _____ Booking ID No. _____

Remarks _____

For T L. B. Group
 किरण देवी
 Partner