

BOOKING FORM

Name of the Applicant: _____

Age: _____

Address: _____

PIN: _____

PAN: _____

Aadhar: _____

Phone: _____

Email: _____

Based on your selection of residential Flat No: _____ in BBMP approved Apartment named “**SAHASRA SERENITY**” situated in Katha no. 595 Sy no 39/2 kumbena Agrahara, bidrahalli hobli, bangalore 560067, in total extent of land of 1 Acres 20 Guntas

Unit Number: _____.

Cost per Sq. Ft: Rs _____/-

Booking Advance: Rs _____

Balance Amount: Rs _____

Cheque Number: _____ **Dated:** _____

Bank: _____

Signature of Promoters

Signature of Customer