



STARINDIA
CONSTRUCTION PVT. LTD.

TRUST / SAFE / RELIABLE

CUSTOMER INFORMATION FORM

Application Should be filled in English & Capital Letters.

BOOKING BY :

DATE OF BOOKING : __/__/__

APPLICANT INFORMATION

Name

Son / Wife / Daughter of

Date of Birth Mobile No.

Applicant's Address

Income Tax - PAN Email ID

Profession Designation

Spouse Name Spouse DOB DOM

Nominee / 2nd Applicant Name

Relationship DOB (if not Spouse)

Mobile No. Landline No.

Address

Income Tax - PAN Email ID

Applicant - 1
(Cross Signature by Applicant)

Applicant - 2
(Cross Signature by Applicant)

PROJECT DETAILS

PROJECT NAME

PRODUCT NAME

No. of Units Units No./s

Description of Units Direction

Current Rate Offered Rate

Carpet Area Buildup Area Super Buildup Area

Total Area Block/Zone BSP

Zone PLC (%) Zone PLC (Rs.) USP

Location PLC Total PLC Payment Plan : DP

No. of EMI LPP (%)

LPP (Rs.) Parking

GST Any Other Total Payable

Booking Amount Allotment Amount

Balance Monthly EMI

* GST or any other charges extra as per Govt. norms to be borne by customers. Total payable excluding such charges.

Applicant 1 : Name / Signature

Applicant 2 : Name / Signature

Consultant : Name / Signature

FOR OFFICE USE ONLY (For CRM Deptt.)

Receipt No. :
Receiving Date :
Checked by :
Remarks :

Company Seal & Signature