

## Registration Application Form

Date : .....

Name of the Customer : .....  
 (Block Letters)

Passport  
 Size  
 Photo

S/o., D/o., W/o., : .....  
 (Block Letters)

Date of Birth :   Age: ..... M  F

Occupation : .....

Residential Address : .....  
 .....

Aadhar Card No. & Xerox Copy : .....

PAN Card No. & Xerox Copy : .....

Telephone No. : ..... Cell No. : .....

E-mail ID : .....

Name of the Venture : ..... Pass Book No. ....

Plot Particulars : Plot No. .... Sq. Yds. .... Phase ..... Block ..... Facing .....

**Enclosures:**

1. 2 copies colour PP size photos.
  2. Aadhar Card colour xerox copy.
  3. PAN card Colour xerox copy.
- \* Incomplete form will not be considered.

Customer Signature

### Office Use Only

Doc. No.: \_\_\_\_\_

Remarks

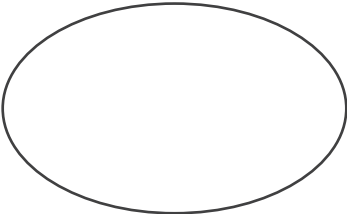
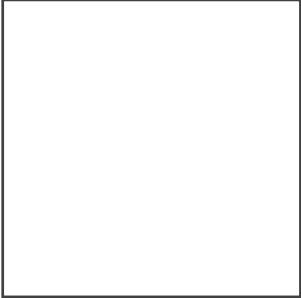
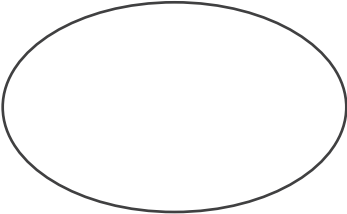
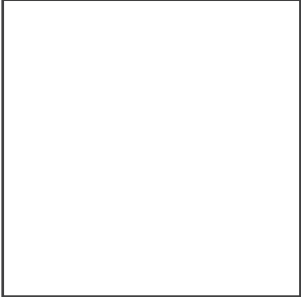
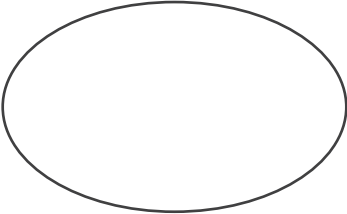
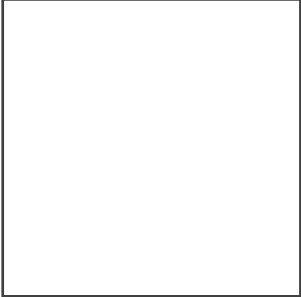
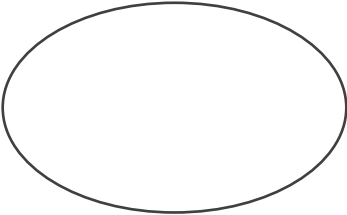
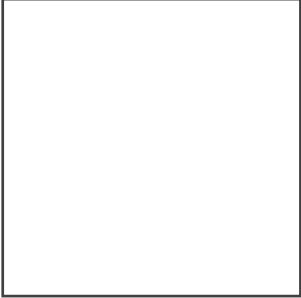
Reg. Date : \_\_\_\_\_

Prepared

Verified

Approved

**PHOTOGRAPHS AND FINGER PRINTS AS PER SECTION 32 A OF  
REGISTRATION ACT, 1908**

S.NO.	FINGER PRINT IN BLACK INK (LEFT) THUMP	PASS PORT SIZE PHOTOGRAPH BLACK & WHITE	NAME & PERMANENT POSTAL ADDRESS OF PRESENTANT & SELLER
			
			
			
			

SIGNATURE OF WITLESSNESS :

1) \_\_\_\_\_

2) \_\_\_\_\_

SIGNATURE OF THE EXECUTANT'S