

## APPLICATION FORM FOR INDIVIDUALS

For registration for allotment of an apartment at  
Siddha Town Madhyamgram



### APPLICATION SERIAL NUMBER

Please fill in relevant portions in full in **BLOCK** letters;  
strike out portions that are not applicable.

To  
Siddha Projects Pvt. Ltd.

Sirs,

I/We:

**First Applicant**

**Joint Applicant**

- (a) Request that I/We be registered for allotment of a Residential Apartment at **Siddha Town, Madhyamgram**, to be developed on a plot at Vill.: Talbandha-Sahapur, P.O: Jugberia, P.S.: Ghola, Dist.: 24 Parganas (North), Kolkata 700110, by Siddha Projects Pvt. Ltd. and group companies (**Company**);
- (b) Agree to sign and execute the standard Agreement for Sale and ancillary documents.
- (c) Remit herewith a sum of Rs \_\_\_\_\_/-(Rupees \_\_\_\_\_)  
by Cash/Cheque # \_\_\_\_\_ dated \_\_\_\_\_ drawn on  
\_\_\_\_\_ in favour of **Siddha Projects Private Limited-A/c Siddha Town Madhyamgram** payable at Kolkata towards registration money for booking.
- (d) Agree to pay installments as per Payment Plan given below.
- (e) Understand the I/We have the right to opt out of any allotment made to me/us by the Company, by communication in writing which should reach the Company at the address given at the back within 15 (fifteen) calendar days from the date of allotment \_\_\_\_\_. In such event, the sum of Rs \_\_\_\_\_/-(Rupees \_\_\_\_\_) paid by me/us as registration money for booking will be refunded, after deduction of a sum of Rs 25,000/- (Rupees twenty five thousand) plus GST as applicable.
- (f) Understand and agree that any allotment by the Company is Subject to (1) realisation of the Cheque/s or Draft/s, if I/We have paid the above sum of Rs \_\_\_\_\_/-(Rupees \_\_\_\_\_) as registration money for booking by Cheque/s or Draft/s, failing which such allotment shall automatically stand withdrawn and cancelled, (2) my/our failing to make payment in terms of the payment schedule given below and (3) my/our signing the Company's standard Agreement for Sale on or before \_\_\_\_\_, failing either of which such allotment shall automatically stand withdrawn and cancelled and the registration money for booking paid by me/us will be refunded, after deduction of a sum of Rs 25,000/- (Rupees twenty five thousand) plus GST as applicable.

### First Applicant

1. Full Name Mr/Ms/Dr \_\_\_\_\_
2. Father/Husband's name \_\_\_\_\_
3. Date of Birth        
D D M M Y Y
4. Nationality \_\_\_\_\_

5. Occupation  Employed. Sector/Industry\_\_\_\_\_
- Self-employed. Profession\_\_\_\_\_
- Business. Sector/Industry\_\_\_\_\_
- Housewife  Student  Others\_\_\_\_\_

6. Name of Organisation\_\_\_\_\_

7. Designation\_\_\_\_\_

8. Status  Resident  Non-Resident  Foreign National of Indian Origin
- Persons of Indian Origin  Overseas Citizen of India

9. Correspondence Address\_\_\_\_\_

\_\_\_\_\_ Pin\_\_\_\_\_

10. Office Address\_\_\_\_\_

\_\_\_\_\_ Pin\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

11. Contact Details: Office\_\_\_\_\_ Residence\_\_\_\_\_ Mobile\_\_\_\_\_

Fax\_\_\_\_\_ E-mail\_\_\_\_\_

12. If Applicant is a minor, please furnish proof of age, name and address of the natural guardian

\_\_\_\_\_

\_\_\_\_\_

13. IT PAN/GIR No. (if any)\_\_\_\_\_ Aadhar Card No\_\_\_\_\_

**Joint Applicant (if any)**

14. Full Name Mr/Ms/Dr\_\_\_\_\_

15. Father/Husband's Name\_\_\_\_\_

16. Date of Birth

D D M M Y Y

17. Nationality\_\_\_\_\_

18. Occupation  Employed. Sector/Industry\_\_\_\_\_
- Self-employed. Profession\_\_\_\_\_
- Business. Sector/Industry\_\_\_\_\_
- Housewife  Student  Others\_\_\_\_\_

19. Name of Organisation\_\_\_\_\_

20. Designation\_\_\_\_\_

21. Status  Resident  Non- Resident  Foreign National of Indian Origin  
 Person of Indian Origin  Overseas Citizen of India
22. Correspondence Address \_\_\_\_\_  
 \_\_\_\_\_ Pin \_\_\_\_\_
23. Office Address \_\_\_\_\_  
 \_\_\_\_\_ Pin \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_
24. Contact Details: Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_
25. If Applicant is a minor, please furnish proof of age, name and address of the natural guardian  
 \_\_\_\_\_  
 \_\_\_\_\_
26. IT PAN/GIR No. (if any) \_\_\_\_\_ Aadhar Card No \_\_\_\_\_

**Apartment Preference**

Apartment No \_\_\_\_\_ Floor \_\_\_\_\_ Block \_\_\_\_\_ Super Built up Area \_\_\_\_\_ sq ft

27. Car Parking Choice  Ground Floor Covered Car Park \_\_\_\_\_  
 Ground Floor Open Car Park \_\_\_\_\_

**Price & Payment Details**

**Head & Details**

**Amount (Rs.)**

Basic Price on Super Built up area [Rs _____ / -X _____ sq ft]	Rs. _____ (Rupees _____ )
Club Membership Charges [Rs _____ / -X _____ sq ft]	Rs. _____ (Rupees _____ )
PLC Amount [Rs _____ / -X _____ sq ft]	Rs. _____ (Rupees _____ )
Car Parking Price ( _____ Open/Ground Floor covered X Rs _____ )	Rs. _____ (Rupees _____ )
<b>Net Price*</b>	Rs. _____ (Rupees _____ )

\*Stamp Duty, Registration Fees, Registration Expenses, Legal Fees, Extra Charges, GST and all other taxes as applicable shall be chargeable in addition to the net price

For Office Use Only

Taxes (if any) Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ )

**PAYMENT SCHEDULE**

PAYMENT DESCRIPTION	PERCENTAGE
1. On Application	Rs 1,00,000/- (As Registration Money)
2. On or before execution of agreement	95% of Net Price (Less booking amount)
3. On Possession of Said Flat	5% of Net Price + Extra Charges + GST

If booking is through agency, please specify name of agency\_\_\_\_\_

**Personal Details**

Anniversary\_\_\_\_\_ Spouse Birth Date\_\_\_\_\_ No of Children\_\_\_\_\_

Names of Children and Birth Dates\_\_\_\_\_

Children's Emails\_\_\_\_\_

I/We declare that the information supplied by me/us in this form is correct and undertake to inform the Company of any future changes related to the information.

I/We, being Non Resident / Foreign National of Indian Origin / Person of Indian Origin / Overseas Citizen of India do solemnly declare that I/We want the Apartment (applied for) for residential purposes only (Strikeout, if not applicable).

\_\_\_\_\_  
Signature of Sole/First Applicant

\_\_\_\_\_  
Signature of Joint Applicant

Place\_\_\_\_\_

Date\_\_\_\_\_

**For Office Use Only**

Direct\_\_\_\_\_ (Name of Sales person)

Agency\_\_\_\_\_ (Name of Agency)

Date of Sale\_\_\_\_\_

**Approval**

1. Sales\_\_\_\_\_ Date\_\_\_\_\_

2. PD  Y  N

Approved by\_\_\_\_\_ Date\_\_\_\_\_

3. CC\_\_\_\_\_ Date\_\_\_\_\_

4. Accounts\_\_\_\_\_ Date\_\_\_\_\_

5. Director\_\_\_\_\_ Date\_\_\_\_\_