

CIF No.:

APPLICATION FORM

Are you a OA Customer :	Yes [No DATE:	D D M M Y Y Y			
Customer ID No	Enquiry No	Team Head				
APPLICANT DETAILS (SOLE / FIRST)						
Name: Mr./Sir/Lord/King/Shri/Se	enior/Dr/Mrs./Ms:					
Date of Birth: Date	Month	Year				
Father's / Husband's Name:			Photograph			
Mother's Name			17			
Profession/Designation::			37			
Company Name / Firm Name						
Official mail ID			Signature			
PROFESSIONAL DETAILS						
Industry:						
☐ IT ☐ IT-ES/BPO/KPO	☐ Manufacturing	Financial Services	Hospitality Services			
☐ Media/Entertainment	☐ Travel/Transpo		☐ Telecom			
Organization:		•	<i>→</i>			
Pvt. Ltd. Public Ltd.	☐ Government Serv	ices NGO PSU	J Self Employed			
Others, please specify						
Function:						
☐ Software ☐ Sales & Marketing ☐ HR/Administration ☐ Finance ☐ Production						
Legal Operations Accounts Others, please specify						
Annual Income (per annum):						
Less than 5 Lakhs	5 - 15 Lakhs	☐ 15 - 25 Lakhs	50Lakhs & above			
Address for Correspondence:						
	CITY	STATE	PIN			
Permanent Address:						
	CITY	STATE	PIN			

CIFNo.:

Tel:	Mobile:	
Marital Status: Married Single	NAME OF SPOUSE: Date of Birth of Spouse No of Children Kid 1 Name Kid 2 Name	
ANNIVERSARY DATE:	In Words	- 17
	OTHER DETAILS	
Aadhar Card No.	Pan Card No.	
Passport No.	Last Holiday	
Club Membership	Indiayrs Destinationyrs Destination	
Hobbies	Favourite Outdoor Activity	
	CO - APPLICANT/NOMINEE DETAILS	II
		12
Name: Mr./Sir/Lord/Ki	g/Shri/Senior/Dr/Mrs./Ms:	
	me:	
Profession/Designation Company Name / Firm	Name	
Profession/Designation Company Name / Firm Permanent Address:		
Profession/Designation Company Name / Firm Permanent Address:	Name	

CIF No.:

	Personal Email: Tel:	Mobile:
	Signature(s): 1(Sole/First Applicant)	2(Co-Applicant)
	Place:	Date:
	UNIT DETAIL	
	Unit Name	
	Unit Type Product	
	Area	
	Location	
	Basic Selling Price (BSP) Prices are exclusive	e of all taxes
	Booking Rate Net Booking Ra	te
	Special Discount Code*	Approval
	CA CS Doctors	Code: PRO
	Doctors	Code: DOC
	Ex-Serviceman Armed Force	Code: ARM
	Therapatis Ayurvedic Naturapathy	Code: YOG
	NGO Chairman/Chairperson	Code: NGO
	Existing OA Custome	Code: OA
Į	Remarks	
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TERMS AND CONDITION

- 1. The application shall accompany self attested proof of address and Pan Card copy. If the application is in joint names, both the application need to sign the application form.
- 2. The applicant(s) agree that the cancellation of booking by them will be only in exceptional cases and for valid reasons to the satisfaction of BURE. BURE at its sole discretion and case to case basis may consider / approve the cancellation.
- 3. Blue Umbrella Resort and Estates shall have the first lien on the said unit from all due payable by the applicant.
- 4. The applicant(s) have read and understood the terms and conditions herein. The terms and conditions herein are to be read in conjunction with the Unit buyer's guide, sale or construction agreements, post handover maintenance document and letters send by BURE, specific to the unit.
- 5. The applicant(s) agree that only written and signed commitments by an authorized personnel of BURE, not below the rank of GM, will be honored.
- 6. All space provide in the application form shall be appropriately filled. In complete applications are liable to be rejected.
- 7. All disputes relating to / arising out of the application are subject to the inclusive jurisdiction of the courts in Uttrakhand.

Declaration:

I / We the undersigned applicant (Sole/First and Second Applicant), do hereby declare that the above mentioned particulars / information given by me / us are irrevocable, true correct to my / our knowledge and no material fact has been concealed their from. I / We have gone through the terms and conditions written in this application and accept the same and which shall IPSO- FACTO be applicable to my / our legal heirs and successors. I / We declare that in case of none-allotment of the unit, my / our claim shall be limited only to the extend of amount paid by me / us in relation to this application form.

Signature(s):	1(Sole/First Applicant)	2(Co-Applicant)				
Place:		Date:				
BANK DETAILS (OFFICE USE ONLY)						
Amount:	In Words					
Instrument Type	Cheque DD	NEFT / RTGS Credit/Debit Card				
	Netbanking	Others				
Instrument No.		Instrument Date.				
Bank Name:	B	Branch				
Source of Payment	Own Funds	Third Party Loan				
Account Holder Nam	ne					
.Account No						
Others						
	OPERATIO	NS				
Client Name:						
(S/O, D/O, W/O):						
Unit Name:						
Team Head	Team Member	Business Associates				
Name:	Name:	Name:				
Signature & Date	Signature & Date	Signature & Date				
Operations		Approval				
Name:		Signature & Date				