99 flats

KYC Form

BUILDER DETAILS

Company Name –

[Please fill in the box with capital letters.]

First Name – _____ **Last Name –** _____

Address – _____

_____

Locality – _____

City – _____

State – _____

Country – INDIA

Pin code – | | | | | | |

Phone/Mobile – | | | | | | | | | | |

RESIDENCIES AND APARTMENTS

Building Name	No. of Flats	No. of (1,2,3,4,5) bed rooms

DATE :

SIGNATURE

_____