

ANNEXURE

SERIAL NO

PROPERTY TYPE* (Select any one of the below if property is selected)

Single Unit:	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Row House	Multi Unit:	<input type="checkbox"/> Flat	Non Residential Property	<input type="checkbox"/> Shop/Office
Group Unit:	<input type="checkbox"/> Group of Houses	<input type="checkbox"/> Plots	Property Master No. (For office use only) <input type="text"/>			

SELLER INFORMATION (For Resale Transactions)

SELLER IS	<input type="checkbox"/> Investor	<input type="checkbox"/> Builder	<input type="checkbox"/> Previous Owner
NAME OF SELLER	ADDRESS OF SELLER		
BROKER NAME	BROKER CONTACT NO.		

ADDITIONAL DETAILS

APPLICANT NAME

CKYC No	<input type="text"/>		
Mother's Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
Maiden Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
HR Contact Name	HR Contact Email <input type="text"/>		<input type="text"/>
Tax Jurisdiction (Country)	Tax Identification No.		<input type="text"/>

CO-APPLICANT NAME

CKYC No	<input type="text"/>		
Mother's Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
Maiden Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
HR Contact Name	HR Contact Email <input type="text"/>		<input type="text"/>
Tax Jurisdiction (Country)	Tax Identification No.		<input type="text"/>

CO-APPLICANT NAME

CKYC No	<input type="text"/>		
Mother's Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
Maiden Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
HR Contact Name	HR Contact Email <input type="text"/>		<input type="text"/>
Tax Jurisdiction (Country)	Tax Identification No.		<input type="text"/>

CO-APPLICANT NAME

CKYC No	<input type="text"/>		
Mother's Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
Maiden Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
HR Contact Name	HR Contact Email <input type="text"/>		<input type="text"/>
Tax Jurisdiction (Country)	Tax Identification No.		<input type="text"/>

CO-APPLICANT NAME

CKYC No	<input type="text"/>		
Mother's Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
Maiden Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
HR Contact Name	HR Contact Email <input type="text"/>		<input type="text"/>
Tax Jurisdiction (Country)	Tax Identification No.		<input type="text"/>

CO-APPLICANT NAME

CKYC No	<input type="text"/>		
Mother's Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
Maiden Name	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	LAST NAME <input type="text"/>
HR Contact Name	HR Contact Email <input type="text"/>		<input type="text"/>
Tax Jurisdiction (Country)	Tax Identification No.		<input type="text"/>

<input type="text"/>	Executive's signature	<input type="text"/>	Customer's signature	<input type="text"/>
Name of Sales Executive		Date	Date	
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Mothers Name is mandatory for all customers

Tax Jurisdiction (Country) - Mandatory for all customers where tax jurisdiction is outside India

Maiden name required if customer's name changed post marriage

Tax Identification No. - If issued by tax jurisdiction authority or a functionally equivalent entity