Application Form



Moner Moto Bari Moner Moto Daam ASANSOL

Corporate Office

"Sukh Sagar"
2/5 Sarat Bose Road
Unit No. 1F
Kolkata 700 020
Ph (033) 3052 1200/1300/1400
Fax (033) 2474 9919

Please fill in relevant portions of the application form for individual, joint or other entity.

Strike out portions that are not applicable and deposit the application form in full at:



Project Sales Office

Kalyanpur Satellite Township (KSTP)
Sector H, Plot No. CD/07
P.O. South Dhadka, District: Burdwan
Asansol 713 302
Phone (0341) 646 1232/33 Mobile 92333 53060

www.sugamhomes.com email: sales@sugamhomes.com

	INDIVIDUAL/ JOINT AF	LICATIONTONT
(Ai	ffix self-signed photograph)	(Affix self-signed photograph
PLI	EASE FILL IN BLOCK LETTERS	
	Full Name: Mr./Ms	Mr. /Mc
	Relation with the First Applicant (only for Joint Applicant):	
3.	a. Father's/Husband's Name: b. Natural Guardian (in case of minor):	
	b. Natural Guardian (in case of milior).	
4.	Date of Birth:	
	$\frac{\overline{D}}{\overline{D}} \frac{\overline{M}}{\overline{M}} \frac{\overline{M}}{\overline{Y}} \frac{\overline{Y}}{\overline{Y}} \frac{\overline{Y}}{\overline{Y}}$	\overline{D} \overline{D} \overline{M} \overline{M} \overline{Y} \overline{Y} \overline{Y}
5.	a. Occupation: Employed Self employed	Employed Self Employed
	Housewife Student	Housewife Student
	Others	Others
6.	Profession/ Nature of Business:	
6A	Company Name:	
7.	Status: Indian Citizen Person of Indian Origin	☐ Indian Citizen ☐ Person of Indian Orig
8.	IT PAN/GIR No.:	
9.	Permanent Address (for Sole/ First Applicant): Street	
	CityPin/Zip	State
	Country	
10.	Address for Correspondence (for Sole/ First Applicant): Stre	
	Country	
11.	Contact Details: Phone (Residence)	, ,
	MobileFaxI	E-mail
	Signature of Sole/ First Applicant	Signature of Joint Applicant
	<u> </u>	- 11

ADDITIONAL INFORMATION (NON RESIDENT INDIAN/PERSONS OF INDIAN ORIGIN APPLICANTS ONLY)

PLEASE FILL IN BLOCK LETTERS				
	Sole/ First Applica	nt	Joint Applicant	
I. Nationality:				
2. Native Place in India:				
3. Passport No.:	Indian	Foreign	Indian	Foreign
4. Place, Date of Issue & Valid up to:				
5. Contact Person in India: Full Name _				
Correspondence Address: Street				
City	Pin/Zip		State	
Country	Phone (Residence	e)	Phone (Office)	
MobileFax		E-mail		
6.i (a) NRO Account No.:				
(b) Name of Bank and Branch:				
ii (a) NRE Account No.:				
(b) Name of Bank and Branch:				
iii (a) FCNR Account No.:				
(b) Name of Bank and Branch:				
PLEASE FILL IN BLOCK LETTERS	OTHER E	ENTITY		
PLEASE FILL IN BLOCK LETTERS I. Name of the Organisation:				
	Proprietorship	Firm Compa	ny 🗆 P	artnership Firm
I. Name of the Organisation:		Firm Compa		•
I. Name of the Organisation:	Proprietorship AOP/BOI	Firm Compa	ny D	·
Output Description: Description: Just and Place of Incorporation: Just 2. Date and Place of Incorporation:	Proprietorship AOP/BOI	Firm Compa	iny	<u>'</u>
Name of the Organisation: Status:	Proprietorship AOP/BOI	Firm Compa	iny	<u>'</u>
Output Description: Description: Just and Place of Incorporation: Just 2. Date and Place of Incorporation:	Proprietorship AOP/BOI orrespondence:	Firm Compa	ny D	<u>'</u>
One of the Organisation: Status: Date and Place of Incorporation: Registered/ Head Office Address for Control One of the Organisation: The property of the Organisation of the Organisation: The property of the Organisation of the Organ	Proprietorship AOP/BOI orrespondence:	Firm Compa Others	iny P	·
One of the Organisation: Date and Place of Incorporation: Registered/ Head Office Address for Conception: CityPin/Zip	Proprietorship AOP/BOI orrespondence: Phone (Residence	Firm Compa OthersSta	atePhone (Office)	·
I. Name of the Organisation: 2. Status: 3. Date and Place of Incorporation: 4. Registered/ Head Office Address for Co City Pin/Zip Country Mobile Fax	Proprietorship AOP/BOI orrespondence: Phone (Residence	Firm Compa Others Sta e) E-mail	atePhone (Office)	
I. Name of the Organisation: 2. Status: 3. Date and Place of Incorporation: 4. Registered/ Head Office Address for Co City Pin/Zip Country Mobile Fax 5. Name of Authorised Signatory with De	Proprietorship AOP/BOI orrespondence: Phone (Residencesignation:	Firm Compa Others Sta	atePhone (Office)	
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I. Name of the Organisation:	Proprietorship AOP/BOI orrespondence: Phone (Residence) esignation:	Firm Compa Others Sta	atePhone (Office)	

Indicate the Flat & Tower No.		
Flat No / Plot No:		_
Block No / Bungalow No:		_
No of Bedrooms:		_
Floor:		_
Chargeable terrace (if any):		_
Total chargeable area		_
Rate per sq.ft. (Rs.):		_
		_
Parking Cost (Rs.):	(Covered	I)
Total price with parking (Rs.):		_
Payment Plan Opted:	Down Payment	Installment
Home Loan Required:	Yes	No 🗌
•		
•	he project?	
. ,	Order/ DD No.	
Drawn on (Bank's Name)	Branch Name	
` •	esPavable at A	,
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in favour of	Payable at As Declaration foregoing statements are true to the best of red. I/ We also undertake to inform Sugam Par	sansol/ Kolkata as application money. my/our knowledge and nothing relevant
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