

# APPLICATION FORM

Serial Number

*Please fill in the APPLICATION NUMBER from the Pay-In-Slip*

*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.*

*Please deposit the APPLICATION FORM at*

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## REGISTERED OFFICE

Vishwakarma • 86 C Topsia Road (South) • Kolkata 700046

# Bengal Ambuja™

**BENGAL AMBUJA HOUSING DEVELOPMENT LIMITED**

Registered Office: Vishwakarma • 86C Topsia Road (South) • Kolkata 700 046

Phone +91 33 2285 0028 • Fax 2285 1855/0610

Email upohar@ambujarealty.com • Visit us at www.ambujarealty.com

*For office use only*

Serial # \_\_\_\_\_ Batch # \_\_\_\_\_

**UPOHAR**  
THE CONDOVILLE

LUXURY ~ HIGH | PHASE III

Application Form #

Unit # (to be filled in by BAHDL)

Please fill the number from the Pay-in-Slip

## INDIVIDUAL/JOINT APPLICATION FORM

### Sole/First Applicant

AFFIX  
SELF SIGNED  
PHOTOGRAPH

### Joint Applicant

AFFIX  
SELF SIGNED  
PHOTOGRAPH

*Please fill in block letters*

1. Full Name Mr/Ms \_\_\_\_\_

Mr/Ms \_\_\_\_\_

2. Relation to the First Applicant (only for Joint Applicant)

\_\_\_\_\_

3. Father/Husband's name/Natural guardian (in case of minor)

Father/Husband's name/Natural guardian (in case of minor)

Mr/Ms \_\_\_\_\_

Mr/Ms \_\_\_\_\_

4. Date of birth                                                 

                                             

5. Occupation     Employed     Self-Employed

Employed     Self-Employed

Housewife     Student

Housewife     Student

Others \_\_\_\_\_

Others \_\_\_\_\_

6. Profession/Nature of business \_\_\_\_\_

\_\_\_\_\_

7. IT PAN (if any) \_\_\_\_\_

\_\_\_\_\_

8. Permanent address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

9. Correspondence address (for Sole/First Applicant) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature of Sole/First Applicant  
(please sign within the space provided)

Signature of Joint Applicant  
(please sign within the space provided)

Place

Date



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Application Form #

Unit # (to be filled in by BAHDL)

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### ADDITIONAL INFORMATION (PERSON OF INDIAN ORIGIN)

	Sole/First Applicant	Joint Applicant
1. Nationality	_____	_____
2. Native place in India	_____	_____
3. Passport	<input type="checkbox"/> Indian <input type="checkbox"/> Foreign	<input type="checkbox"/> Indian <input type="checkbox"/> Foreign
4. Place & Date of Issue	_____	_____
5. Contact person in India:		
Full Name	_____	
Correspondence Address	_____	
City	_____	State _____ PIN _____
Phone	_____	Mobile _____ Fax _____ Email _____
6. i. (a) NRO Account #	_____	_____
(b) Name of bank & branch	_____	_____
ii. (a) NRE Account #	_____	_____
(b) Name of bank and branch	_____	_____
iii. (a) FCNR Account #	_____	_____
(b) Name of bank and branch	_____	_____
	<input type="text"/>	<input type="text"/>
	Signature of Sole/First Applicant (please sign within the space provided)	Signature of Joint Applicant (please sign within the space provided)

### OTHER ENTITY

Please fill in block letters

1. Name of the Organisation	_____
2. Status	<input type="checkbox"/> Proprietorship Firm <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Company <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Others _____
3. Date and Place of incorporation	_____
4. Registered/Head Office address	_____
City	_____
State	_____
Country	_____
PIN/ZIP	_____
5. Name of authorised signatory with designation	_____
Phone	_____
Mobile	_____
Fax	_____
Email	_____
6. IT PAN	_____
We confirm having read and understood the declaration hereinafter.	
	<input type="text"/>
	Signature of authorised signatory with seal (please sign within the space provided)
Place	Date



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Application Form # Unit # (to be filled in by BAHDL) 

Please fill the number from the Pay-in-Slip

**APARTMENT DETAILS**

Tower #	Floor	Location	Apartment #	Area (SQFT)	Type

**DG OPTIONS***Please read clause 8 of General Terms & Conditions*DG Option  500 W  750 W  1000W**THE CLUB***Please read clause 14 of General Terms & Conditions*Opted for membership  Yes  No**PAYMENT DETAILS***Please read clause 5 of General Terms & Conditions*Payment Plan  Down  Instalment

Application Money Rs \_\_\_\_\_ (Rupees \_\_\_\_\_ only)

Pay order/DD # \_\_\_\_\_ dated \_\_\_\_\_ Drawn on \_\_\_\_\_

in favour of "Bengal Ambuja Housing Development Limited", payable at Kolkata.

**DECLARATION**

- I/We hereby solemnly declare that all the foregoing facts are true to the best of my/our knowledge and nothing relevant has been concealed or suppressed. I/We also undertake to inform Bengal Ambuja Housing Development Limited of any future changes related to the information and details shown in this Application Form.
- I/We hereby also declare that I/we have read and understood the terms and conditions and all other information/conditions stated in the accompanying GENERAL TERMS & CONDITIONS including Statement of Area, Number of units offered, Consideration of the units and Price & Payment Schedules etc. By signing this Application form, I/We do hereby solemnly accept and agree to abide by the terms & conditions as stipulated in the accompanying GENERAL TERMS & CONDITIONS, which may be modified or amended by the company.
- I/We, further, agree to sign and execute the necessary document as deemed necessary, as and when required by the company.
- I/We, unconditionally agree to pay the allotment money due (in case I/We are allotted any unit in terms of this application) within 45 days of the Date of Allotment failing which the allotment made against my application would stand cancelled as per the terms of the accompanying GENERAL TERMS & CONDITIONS.
- I/We hereby give my/our irrevocable consent to become member of a body of the owners to be formed in accordance with the applicable Acts, Rules and Bye Laws and execute necessary documents as and when required.
- I/We have signed this application form after having read and understood what is written hereinabove.

Signature of Sole/First Applicant  
(Please sign within the space provided)

Place

Date

Signature of Joint Applicant  
(Please sign within the space provided)

Place

Date



UPHAR  
THE CONDOVILLE

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