

# **APPLICATION FORM**

Effective Jan 1, 2010

**PEACE**

**(Gobindapur, Kolkata 700145)**

**Application No.**

***PEACE SENIOR LIVING PVT LTD***

Sreerampore

P.O.:- Dakshin Gobindapur

Dist:- South 24 Parganas

Kolkata 700145

Ph.: 2437-9800

*(Please fill in relevant portion of the Application Form for Individual/ Joint. Strike out portions that are not applicable and submit the application form in full). Separate application forms are required to be filled for multiple bookings*

Please affix  
Photograph of the first  
applicant

**(First Applicant)**

Please affix  
photograph of joint  
applicant

**(Joint Applicant)**

**1. Sole / First Applicant Details:**

Name Mr. / Ms. / Dr. \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Resident Status (Resident Indian / NRI etc): \_\_\_\_\_

Income Tax / PAN/ GIR No. \_\_\_\_\_

Passport No. (to be filled in by NRI's only): \_\_\_\_\_

Address: \_\_\_\_\_

Contact No's: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Second Applicant Details:**

Name Mr. / Ms. / Dr. \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Resident Status (Resident Indian / NRI etc): \_\_\_\_\_

Income Tax / PAN/ GIR No. \_\_\_\_\_

Passport No. (to be filled in by NRI's only): \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact No's: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship with first applicant: \_\_\_\_\_

### **3. ADDITIONAL INFORMATION**

#### **Local Contact person for both applicants:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact No. : \_\_\_\_\_

### **4. BOOKING PREFERENCE:**

**Unit Type. :** \_\_\_\_\_

**Size:** \_\_\_\_\_

**Payment Plan opted:** Installment  Down

Any other special request(s):  
*(Only at the sole discretion of  
Peace Senior Living Pvt Ltd)*

Or any other relevant information  
to be provided

**Application money details:**

Cheque / DD no. ....dated.....drawn on  
..... Bank for Rs ...../- only.

Source of Remittance of Application money with Bank A/c No. (for NRI only):

\_\_\_\_\_

**5. MEDICAL REPORT**

*(Please provide & attach the relevant medical reports as given below :)*

- a) Blood Reports – must include Blood Sugar, Cholesterol, CBC, RBC, Hemoglobin or any other specific report suggested by the PEACE Medical Personnel
- b) ECG / EKG, Urine analysis
- c) Report of any surgery done in the past such as Heart surgery, Kidney transplant, cancer treatment etc supported by present status of health & Medical Certificate.
- d) Report for any case of chronic illness, serious illness or any infectious disease/s.

## **6. MEDICAL INSURANCE**

Please provide & attach relevant Documents for Medical Insurance of the incumbent, if any.

## **7. DECLARATIONS:**

I / We solemnly declare that:

- a. I/We have read and understood the General Terms and Conditions including statement of rate structure and duly signed annexed herewith and agree to abide by them.
- b. All the above information furnished by me / us are true to the best of my / our knowledge and belief and nothing relevant has been concealed or suppressed.
- c. I/We undertake to inform PEACE SENIOR LIVING PVT LTD in writing, any changes in particulars furnished in this application that may occur in future.
- d. I/We understand that PEACE SENIOR LIVING PVT LTD reserves the right to allocate different unit(s) with mutual consent, reject any special requests made by me/us or reject this application for allotment of apartment without assigning any reason and refund the money to me/us as per the terms and conditions.

**Signature of Sole / First applicant**

**Signature of Joint Applicant**

\_\_\_\_\_

\_\_\_\_\_

**Date :**

**Place :**