

Booking Application



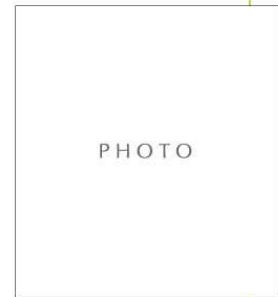
Name

Project Name

Flat No.

File No.

PHOTO



www.newvision.com.bd

a sister concern of new vision group

**NEW VISION**
DEVELOPERS LTD.

Corporate Office: 8/C & D, Noakhali Tower, 55/B, Purana Paltan, Dhaka-1000. Phone : +088-2-7174364, 7113024, Ext. 111(Fax)

Branch Office: House # 4/7 (1st Floor), Block # D, Saat Masjid Road, Lalmatia, Dhaka-1207. Phone : +088-2-8100140

Chittagong Office: House # 19, Road#2, South Khulshi (R/A) Chittagong. Phone : 01726046735, 01613215205

E-mail: mkt@newvision.com.bd, developers@newvision.com.bd

Booking Information

ID Number _____

Date of Application _____

Please put tick(✓) mark in the box below

Project Name _____

Located at _____

Application for booking of Apartment Suite Office Shop Other(s)

Tower No. _____ Apartment No. _____ Size _____ sft.

Floor Type _____ Side _____ Parking No. _____ Parking Level _____

Interested to avail loan : Yes No

Mode of Payment : Installment One Time 50%

Applicant

Name (1) _____

(2) _____

Applicant 1

Full Name (in CAPITAL letter) : _____

Full Name (বাংলা) : _____

Father's / Husband's Name : _____

Mother's Name : _____

Spouse's Name : _____

Gender : Male Female

Residence Status : Resident Non Resident

National ID No. _____ Passport no. _____

Date of Birth : TIN No. _____

Nationality: _____ Religion: _____ Profession: _____

Telephone: Res: _____ Office: _____ Fax: _____

E-mail: _____ Mobile: _____

Applicant 2

Full Name (in CAPITAL letter) : _____

Full Name (বাংলা) : _____

Father's / Husband's Name : _____

Mother's Name : _____

Spouse's Name : _____

Gender : Male Female

Residence Status : Resident Non Resident

National ID No. _____ Passport no. _____

Date of Birth : TIN No. _____

Nationality: _____ Religion: _____ Profession: _____

Telephone: Res: _____ Office: _____ Fax: _____

E-mail: _____ Mobile: _____

Mailing Address: _____

Permanent Address: _____

Work Address: _____

In case of emergency: _____

Signature:

Applicant(1)

Date

Applicant(2)

Date

Communication Address (NV Developers will communicate with the customer primarily at this address)

Mailing Address

Permanent Address

Work Address

Information of Nominee

1. Nominee's Name: _____

Relation: _____ Date of Birth:

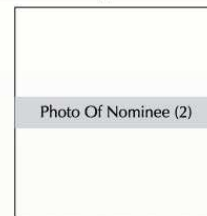
2. Nominee's Name: _____

Relation: _____ Date of Birth:

Signature of Nominee's (1)



Signature of Nominee's (2)



Declaration

I/We hereby declare that the information furnished by me/us herein before is true to the best of my/our knowledge and belief. I/We further declare that I/we have gone through the terms and conditions of the allotment/agreement of apartment/suite/office/shop/other and accept the same.

I/We agree to become a member of the Apartment/suite/office/shop/other's Owner's Association and abide by the rules and regulations of the association.

Signature of Applicant (1)

Date:

Signature of Applicant (2)

Date:

For office use only

Payment Mode :

Floor/Flat No : _____ Size : _____ Sales rate/sft: Tk. _____

Parking: Tk. _____ Utility: Tk. _____ Total: Tk _____

Booking Date : _____ Booking Amount : _____ Money Receipt No: _____

Dn. Payment Date : _____ Dn. Payment Amount : _____

Installment Type : _____ Installment Amount : _____

1st Installment Date : _____ Reference Code : _____

Special Instruction (If any): _____

Approval

Dealing Officer

Date:

Manager (Marketing)

Date:

General Manager

Date:

Executive Director, NV Developers

Date: