

BOOKING FORM

CLIENT'S DETAILS

CUSTOMER NAME:	
DATE:	
DATE OF BIRTH:	
CONTACT NO.	
POSTAL ADDRESS	
_	
CNIC.	
E-MAIL ADDRESS.	
	NEXT OF KIN'S DETAILS
NOMINEE'S NAME	
CNIC NO	
RELATION .	
CONTACT NO	
	UNIT DETAILS
PROJECT NAME	
CITY	
UNIT. NO	
UNIT TYPE	
SIZE .	
AREA (IN SQUARE FI	EET)
TOTAL COST (IN RUP	PEES)