

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 _____

PLOT DETAILS

PROJECT NAME _____

CITY _____

MOUZA _____

KHASRA NO. _____

APPT. NO _____

SIZE _____

AREA (IN SQUARE FEET) _____

TOTAL COST (IN RUPEES) _____

CLIENT'S SIGNATURE