Authorization form for handing over the possession.

Flat /Villa No.	5	
Project	BLOOMDALE	
Name of Buyer	SI JABIULLA	

A.	Total sale consideration.	46,50,000/-	
B.	Less: Discount for on time payments.	50,000	
C.	Less: Other discounts	NIL	
D.	Add: Reg. Charges + Mutation charges	Paid by customer	
E.	Add: GST (also add GST on other charges)	4,18,500 +1,404 =4,19,904	
F.	Add: Service Tax + VAT	NA	
G.	Add: A&A charges (negative for refund)	NIL	
Н.	Add: Misc. Charges (negative for refund)	7,800 +390 =8,190	
I.	Interest Payable	☐ Yes No Rs.(1,139)	
J.	Total payable (sum A to I)	50,28,094	
K.	Less: Amount paid	50,06,007 +22,087 =50,28,094	
L.	Balance amount due (negative for refund)	NIL	
M.	Refund to be made	⊠ Yes № No Rs. NIL	
N.	Corpus fund to be collected	☑ Yes ☑ No Rs. 50,000/-	
N.	Maintenance charges due from	01-09-2020	
O.	Buyer Info database balance	Rs. NIEL	
P.	Tally balance	Rs. NEL.	
Q	Remarks:		

Corpus fund Rs.50,000/-, advance 6 months maintenance charges@Rs.3,500/- and membership fee Rs.50/-. collected

Yes/No Check List 1. Buyer has signed the Association Membership Form & Undertaking 2. No Due Certificate signed 3. Undertaking for possession signed 3. 6 PDC for Maintenance Charges collected 4. Buyer has signed Electricity Transfer form & Affidavit on stamp paper 5. Corpus fund collected 6. Association membership fee collected

Authorized by:

APPROVED BY

APPROVED BY

Managing Partner:

Samba Siva Rab

Date: 07 62 2020 Date:

Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: D