

2. OTHERS

2.1 Company or partnership Firm: Partnership firm Proprietorship PVT. Ltd Public Limited

NAME OF FIRM/ COMPANY _____

Mailing address _____

City _____ Zip code _____ Country _____

Phone Home (std code, number) _____ Work _____

Fax (std code, number) _____ Mobile _____

E-mail _____ Date of incorporation ____ / ____ / ____

Name of authorized signatory: Mr. / Ms. /Dr. _____
First name Last name

I / we confirm having read the terms and conditions in this application form for purchase of the GWM. I/We agree to abide by the same. I / we acknowledge receipt copy of the terms and conditions. I /We sign this application form upon the understanding that no contract between company and me / us would come into existence unless and until the wellness vacation homes certificate is issued to me / us.

Signature of sole / First Applicant _____ Signature of second applicant _____

Date: _____ Place: _____

Acknowledgment Slip

Name of the sole/First applicant /authorized Signatory (others) for correspondence.

Application No.

Mr/Ms/Dr. _____
First name Last name

Date Of Application		
DD	MM	YY

Type of apartment: 1 Bed Room <input type="checkbox"/> 2 Bed Room <input type="checkbox"/>
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Name of the vacation consultant- _____ Emp.code _____

Branch _____ Signature of the Consultant _____

Promotional offers (if any)

1.	
2.	
3.	
4.	

Payments Details: (please pay by a/c payee cheque/ dd, in favour of Indus Valley Ayurvedic Centre or through credit card/ Fund transfer)

Mode of payment (Tick the block)
<input type="checkbox"/> Cheque
<input type="checkbox"/> DD
<input type="checkbox"/> Credit cards
<input type="checkbox"/> Fund Transfer

Full Payment

- Cheque DD Credit Card
 Fund Transfer

Installment payment:

	Chq. No.	Date	Amount
DP			
1 st EMI			
2 nd EMI			
3 rd EMI			
4 th EMI			
5 th EMI			
6 th EMI			
7 th EMI			
8 th EMI			
9 th EMI			
10 th EMI			
11 th EMI			

If full Payment through cheque /DD:

Name of the Bank _____
 Branch _____
 Cheque/ DD No. _____
 Cheque /DD Date _____
 Amount Rs. _____

If Full Payment is through credit card:

Card No. _____
 Issuing Bank _____
 Expiry Date _____
 Card Type:
 Visa Master Amex Diners

Amount Rs. _____