

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	
CONTACT NO	
	PLOT DETAILS
PROJECT NAME	
CITY	
MOUZA	
KHASRA NO.	
PLOT. NO	
SIZE	
	EET)
TOTAL COST (IN RUF	PEES)