



**MARUTHAM  
GROUP**  
*... building values*

# BOOKING FORM

## MARUTHAM GROUP - CHENNAI

No : 32, First Cross Street, Ganga Nagar, Kodambakkam, Chennai - 600 024

Tel No. 00-91-44-43578870, 23724595

Project :	<input type="text"/>
Type:	<input type="text"/>
Floor :	<input type="text"/>
Area :	<input type="text"/>
Car Park :	<input type="text"/>
Date :	<input type="text"/>

APPLICANT (PHOTO)

CO- APPLICANT (PHOTO)

	APPLICANT	CO -APPLICANT
Title	<input type="text" value="Mr. / Mrs. / Ms."/>	<input type="text" value="Mr. / Mrs. / Ms."/>
Name	<input type="text"/>	<input type="text"/>
Father / Husband	<input type="text"/>	<input type="text"/>
Residential Status	<input type="text"/>	<input type="text"/>
Profession	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>

	PRESENT	PERMANENT
<u>APPLICANT'S</u> Address	<input type="text"/>	<input type="text"/>
State / Country	<input type="text"/>	<input type="text"/>
Postal Code	<input type="text"/>	<input type="text"/>
Landline No.	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
e-mail id	<input type="text"/>	<input type="text"/>



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## COSTING & PAYMENT

Area x Rate

X

Rs.

Car Park

X

Rs.

Total:

Rs.

Token Advance

Total:

Rs.

Cheque / DD No.

Rs.

*Signature of the Applicant*

\_\_\_\_\_

*Signature of the Co-applicant*

\_\_\_\_\_

*Marutham Executive*

\_\_\_\_\_

*For* **Marutham Apartment.**

*Authorised Signatory*