

BOOKING FORM FOR MUTHAIGA SQUARE RESIDENCY

Apartment No.: _____ Type: _____ Floor: _____ Wing: _____ Parking: _____

Purchaser's Name: _____

P.O. Box No: _____ Post Code: _____ City/ Town: _____

Telephone No: _____ Mobile No: _____

Contact Person: _____ Mobile No: _____

Email ID: _____

National ID No: _____ P.I.N No: _____ (3 copies required)

Photograph: 3 required (In Case of Company: Any two Directors or Director/ Secretary)

Purchase Price: KES. _____ Payment Mode: _____

Booking Deposit: _____ Date: _____

1st Instalment: _____ Date: _____

2nd Instalment: _____ Date: _____

3rd Instalment: _____ Date: _____

4th Instalment: _____ Date: _____

Lawyer's Name & Address: _____

Mortgage Details: Amount Applied For: KES. _____

Name of Financial Institution: _____

How did you hear about us? Tick as appropriate:

- From the Developers – Directors or Management
- From printed Media – Please specify which one
- From an Agent – Please give their name
- From your personal site visit.....
- From a friend who has already invested in the project. Please provide their name
- Any other: Please specify.....

Remarks/Comments: _____

Purchaser's Signature: _____ **Date:** _____

VENDOR'S BANK DETAILS FOR PAYMENT / RTGS:

BANK: I & M BANK LTD. BRANCH: GIGIRI SQUARE
BENEFICIARY A/C NAME: MUTHAIGA COURTS LIMITED
BENEFICIARY A/C NO: 02501008401210
BANK CODE: 57 BRANCH CODE: 025 SWIFT CODE: IMBLKENA