

Client Inspections / Visit to Our Client Sellers Premises

NAME OF THE VENDOR : _____

FULL ADDRESS: _____

TELEPHONE NO: _____

1. I/WE WANT TO DISPOSE OFF ON: OWNERSHIP/ LEAVE AND LICENSE/COMPANY

LEASE/GOODWILL BASIS/OUTRIGHT. _____

2. AREA OF THE ACCOMMODATION: CARPET: _____ BUILT UP _____ SUPER BUILT UP _____

3. APPROX. RATE PERSQ.FT. _____

4. NO. OF BEDROOM / HALL / KITCHEN: _____ . + IF ANY CONVERTED: _____

5. NO. OF W.C. / BATH ROOMS / TOILETS: _____ . ATTACHED _____ .COMMON IF ANY _____

6. WHETHER ACCOMMODATION IS FURNISHED: YES/ NO. _____ PARTLY FURNISHED

FLOORING: LEAVING ROOM _____ KITCHEN _____ BEDROOM _____

ATTACHED BALCONY _____ TERRACE _____ SQ. FT. _____

UNDER USING: YES / NO _____ SINCE _____ LOCK AND KEY _____

7. HOW MANY FLATS IN EACH FLOOR? _____ . (1 BHK,2 BHK,3 BHK.) _____

8. VIEW OF FLAT: _____

9. NO. OF PARKING PLACES: _____ OPEN TYPE _____ , COVERED _____

10. NO. OF LIFTS: _____ . OPEN TYPE _____ , _____ CLOSED TYPE. _____ SER. LIFT _____

11. OUTGOING / MAINTENANCE CHARGES / PER MONTH: _____

12. SOCIETY TRANSFER CHARGES: _____ PAYABLE BY SELLER / PURCHASE _____

13. CLASS AND CONDITION OF THE BUILDING: _____ . BUILD ON OR BEFORE _____

14. BUILDERS NAME AND ADDRESS: _____

15. **OTHER FACILITIES / AMENITIES IF ANY :**

A-----

B-----

C-----

D-----

E-----

F-----

PLACE: _____

DATE: _____
