

**(A) PROPERTY DETAILS (Squares are for our office use)**

Taluka –	<input type="checkbox"/>	Dist – Pune /	<input type="checkbox"/>	Village Name–	<input type="checkbox"/>
Property Area –	<input type="checkbox"/>	City / Gram Panchayat	<input type="checkbox"/>	Pin Code –	<input type="checkbox"/>
Local Limit Type –	<input type="checkbox"/>	Corporation / Council / Cantonment / ZP	<input type="checkbox"/>	Local Limit Name – PMC / PCMC / GramPanchayat/	<input type="checkbox"/>
Type Of Unit –	<input type="checkbox"/>	Flat/ Shop/ Office / Godown / Land+Bldg	<input type="checkbox"/>	Survey/ CTS /	:
Unit Area –	<input type="checkbox"/>	:	Sft / Sqmt	Hs/ Plot Number /	:
Bldg/ Project –	<input type="checkbox"/>		<input type="checkbox"/>	Use - Residential / Non Residential	<input type="checkbox"/>
Flat No –	<input type="checkbox"/>		<input type="checkbox"/>	Terrace / Gallery :	Sft / Sqmt
Floor No –	<input type="checkbox"/>		<input type="checkbox"/>	Parking Area :	Sft / Sqmt
Road –	<input type="checkbox"/>		<input type="checkbox"/>	Ownership Checked From Which Document? :-	
Location –	<input type="checkbox"/>		<input type="checkbox"/>	Index II / Tax Rect / 7-12 / Light Bill / Fetched	
<input type="checkbox"/> I agree with above property details - _____ Owner's Signature					

**(B) PARTY DETAILS (Squares are for our office use)**

<input type="checkbox"/> Licensor Details		<input type="checkbox"/> Licensee Details	
Name As Per Adhar	<input type="checkbox"/>	Name As Per Adhar	<input type="checkbox"/>
Age	<input type="checkbox"/>	Age	<input type="checkbox"/>
Gender	<input type="checkbox"/> Male / Female	Gender	<input type="checkbox"/> Male / Female
Salutation	<input type="checkbox"/> ( Mr ) (MRS / Shrimati / Miss)	Salutation	<input type="checkbox"/> ( Mr ) (MRS / Shrimati / Miss)
Email ID	<input type="checkbox"/>	Email ID	<input type="checkbox"/>
Pan No	<input type="checkbox"/>	Pan No	<input type="checkbox"/> ----- Tenant's Pan Not Required -----
Occupn	<input type="checkbox"/> Ser / Business / Student / Any Other	Occupn	<input type="checkbox"/> Ser / Business / Student / Any Other
Bldg	<input type="checkbox"/>	Bldg	<input type="checkbox"/>
Flat No	<input type="checkbox"/>	Flat No	<input type="checkbox"/>
Road	<input type="checkbox"/>	Road	<input type="checkbox"/>
Location	<input type="checkbox"/>	Location	<input type="checkbox"/>
City	<input type="checkbox"/>	City	<input type="checkbox"/>
Pin code	<input type="checkbox"/>	Pin code	<input type="checkbox"/>
MobileNo	<input type="checkbox"/>	MobileNo	<input type="checkbox"/>
<input type="checkbox"/> I agree _____ Licensor's Sign		<input type="checkbox"/> I agree _____ Licensee's Sign	

**(C) AGREEMENT TERMS (Squares are for our office use)**

1. Period in Months	: <input type="checkbox"/>	<b>9. List of Furniture &amp; Appliances :</b> <input type="checkbox"/> Fans : Tubes : Bulb : Beds : Sofa : Table : Chairs : Cupboard : AC : El Geyser : Gas Geyser : Air Cooler : Water Cooler : Curtains : Washing Machine : Fridge : Kitchen trolleys : Water Purifier : VDO Door Ph :
2. From Date	: <input type="checkbox"/> To:	
3. Deposit Amount	: <input type="checkbox"/>	
4. Rent+Maintenance	: <input type="checkbox"/>	
5. Deposit paid by	: <input type="checkbox"/> Cash / Cheque / Online	
Bank Name	: <input type="checkbox"/>	
Branch Name	: <input type="checkbox"/>	
Chq or Trans No	: <input type="checkbox"/>	
Date	: <input type="checkbox"/>	<b>10. Additional Terms :</b> <input type="checkbox"/>
6. Bldg Maint by	: <input type="checkbox"/> Owner / Tenant	
7. Lock in Period	: <input type="checkbox"/> _____ Months	
8. Agreement Exp	: <input type="checkbox"/> Owner / Tenant / Equally	
<b>Terms mentioned above are correct - _____ Licensor's Signature</b> <input type="checkbox"/>		

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<input type="checkbox"/> Licensee2 Details		<input type="checkbox"/> If Licensee is Company, It's Details	
Name As Per Aadhar	<input type="checkbox"/>	Company Name	<input type="checkbox"/>
Age	<input type="checkbox"/>	Compn Type	<input type="checkbox"/> Prop/Partnrshp/LLP/Pvt Ltd/ Trust/ HUF
Gender	<input type="checkbox"/> Male / Female	Gender	<input type="checkbox"/> Male / Female
Salutation	<input type="checkbox"/> ( Mr ) (MRS / Shrimati / Miss)	Salutation	<input type="checkbox"/> ( Mr ) (MRS / Shrimati / Miss)
Email ID	<input type="checkbox"/>	Email ID/CIN	<input type="checkbox"/>
Occupn	<input type="checkbox"/> Ser / Business / Student / Any Other	Pan No -	<input type="checkbox"/>
Bldg Nm Flat No Road Location City Pin code		Bldg Nm Flat No Road Location City Pin code	
MobileNo	<input type="checkbox"/>	MobileNo	<input type="checkbox"/>
<input type="checkbox"/> I agree _____ Licensee's Sign		<input type="checkbox"/> I agree _____ Licensee's Sign	