



# FOOD AND BEVERAGE WELFARE FORM

## PERSONAL DATA FORM

1. Offer Name: .....

Membership Number:.....

2. Full Name.....

3. Email Address.....

4. Contact Address.....

5. Phone Number.....

### 6. Please List Items of Interest:

Product.....Size.....

Product.....Size.....

Product.....Size.....

Product.....Size.....

Product.....Size.....

Product.....Size.....

### 7. Means of Payment:

Outright Purchase

Instalment via cheque

Instalment via S.I

Transfer

### 8. Duration of payment:

Four months

others

9. Initial Deposit: .....,.....

Balance:.....

PLEASE NOTE: In case of default, the Cooperator will be charged default fee of 15 percent and will be automatically disengaged from subsequent offer.

10. I \_\_\_\_\_ being a member of the Prime Asset Housing Cooperative, hereby declare that the above information is true and correct and contains all the information relevant to the intended items and will fulfil all obligations needed for the intended transaction.

Signed .....

Date.....

### FOR OFFICIAL USE ONLY

Pick up Date: ..... Initial payment made. ....

Bank: .....Date of payment.....

Offer price.....Balance Amount .....

Subsequent payment: **August 19 payment**.....Bank.....

**September 19 payment** : .....Bank.....

**October 19 payment**.....Bank.....

Remark at the last installment: ..... *Administrative Officer Executive's*

*Name/Signature/Date*.....