

PARAMOUNT RESIDENCY PRIVATE LIMITED

Intimation of Payment (IP)

Customer Name:.....

Address:

sswor

Project:.....

Block/Tower:..... Unit No.:

Date of Payment:.....

Mode of Payment:.....

Amount (Rs.):.....

Identification/Reference No.:

Demand Letter No.:.....

<p>Remarks:</p>

Details of Communication of IP

To be filled by company

Signature of Customer

Date:.....