

PARAMOUNT TOWERS PRIVATE LIMITED

Intimation of Payment (IP)

Customer Name:.....

Address:

Contact No.:.....

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:.....