

Roseland Residency Co-Op Housing Society Ltd.

Sr. No. 130/132, Pimple Saudagar, Jagtap Dairy, Pune -411027

Email: roselandresidency@gmail.com

Web : www.roselandresidency.com

Reg. No: PNA/PNA-(3) HSG/ [T.C.] 11073/2012

Tele fax: 020 - 27212300/27212200

Details of the Licensee

Licensee is requested to submit following information to the Society office before moving in

1. Owner's Name: -----

2. Name of the Licensee: -----

3. Building Number: ----- Flat Number: -----

4. Address (Office/business): -----

Land Line Number: -----

Mobile Number: -----

Emergency Contact Numbers and Emails:

Tenant: -----

Email: -----

Owner: -----

Email: -----

Period of Lease: -----

(Month) From -----

TO-----

Details of the family

Member Relationship	Name	Age	Occupation

8. Please attach recent passport size Photographs of tenant and Identification proof

9. Parking:

Two/Four Wheeler	Registration Number	Parking number.

In case you are renting to your family member (blood relationship). You need to provide the proof. In case if you don't have it then please submit notarized undertaking by mentioning the family relationship. You are also required to submit the rent/lease agreement and tenant police verification with this document.

Society reserve right to take legal action in case any of the submitted information to the society is incorrect or misleading

All legal issues are *subject to Pune jurisdiction* only.

Thanks,

(Owners name, signature place and date)