



SHABA BOOKING FORM

Vendor

Partnership between Prism Investment Ltd and Kenya Bankers Sacco Society Ltd. Offer letter administered by Prism Investment Ltd
Titan Plaza, 2nd Floor, Chaka Road, P.O. Box 28663-00100, Nairobi Tel: +254 20 2731418

Interest

The Interest shall be by way of a long term sub-lease for a term of 99 years together with a share in the management company owning the reversionary interest thereof.

Purchaser Details

Name	<input type="text"/>		
ID / Passport	<input type="text"/>		
Name of Employer	<input type="text"/>		
Address	<input type="text" value="P.O. Box"/>	<input type="text" value="Code"/>	<input type="text" value="Town"/>
Mobile No.	<input type="text"/>		
Email	<input type="text"/>		
Preferred Mode of Contact	<input type="text"/>		

House Type Maisonette Three Bedroom Apartment Two Bedroom Apartment

Purchaser Advocate (Details)

Name	<input type="text"/>		
Email	<input type="text"/>	Telephone	<input type="text"/>

Mode of Payment

<input type="checkbox"/> Mortgage Buyer	<input type="checkbox"/> Cash Buyer
15% deposit paid on or before execution of the offer letter. 85% to be paid upon the 90 days completion period.	20% on offer letter 80% within the 90 days completion period.

Payment Instructions

Account Name	Prism Investment Limited	Bank Name	Gulf African Bank Ltd
Account No	0300017106	Branch Name	Kenyatta Avenue
Branch Code	72004		

How did you find about this Property?

<input type="checkbox"/> Referral	<input type="checkbox"/> Expo	<input type="checkbox"/> 360 Virtual tour	<input type="checkbox"/> Newspaper	<input type="checkbox"/> AGM	<input type="checkbox"/> Employer
<input type="checkbox"/> Brochure	<input type="checkbox"/> Billboard	<input type="checkbox"/> Open day	<input type="checkbox"/> other _____		

Name of person who referred you _____

Confirmation of Terms

I / We confirm that I / we have read and agree to the appendix terms

Purchaser's Name _____

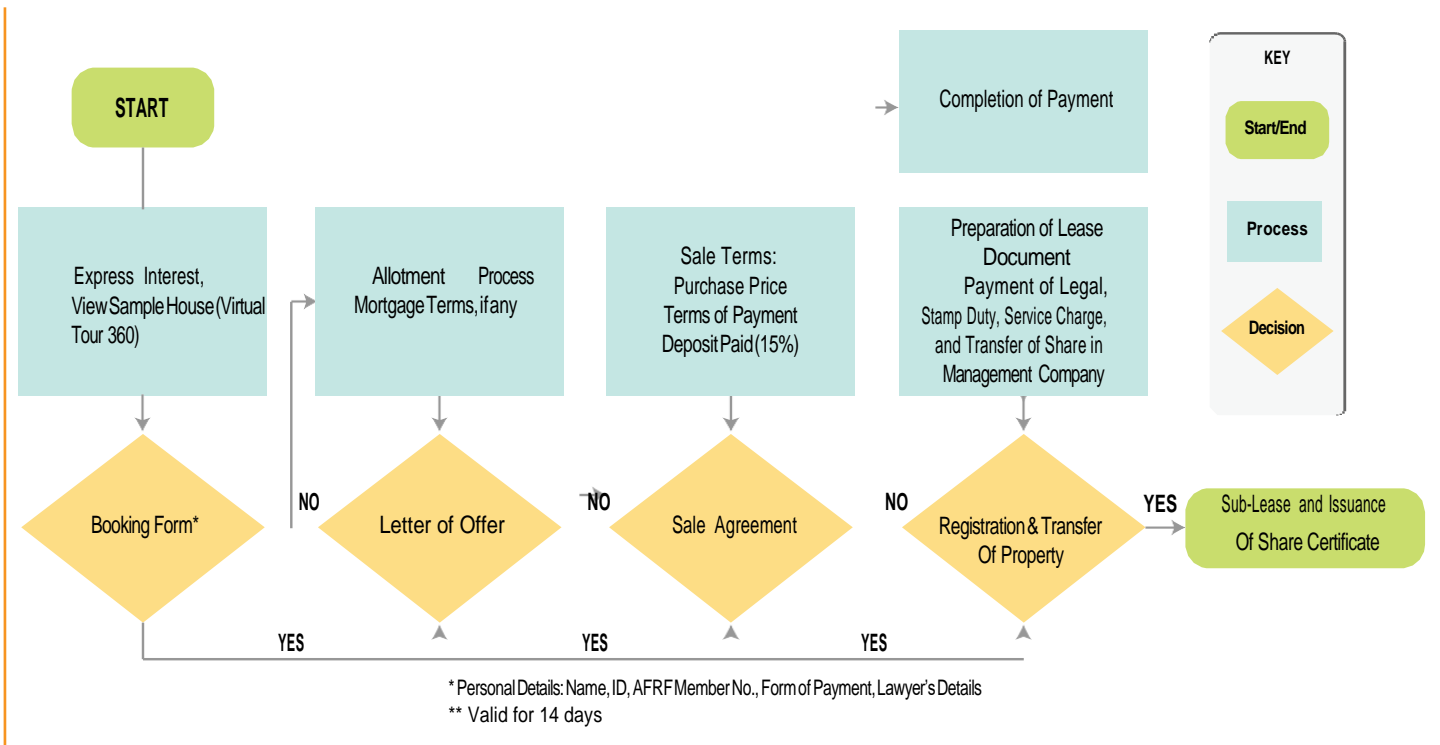
Signature _____ Date _____

For and on behalf of the Vendor _____

Agent _____ Date _____

Director _____ Signature _____

Sales Process



Kindly submit this form to **Rachuonyo and Rachuonyo Advocates**
 Capital Hill Towers 5th floor, Cathedral Road, Opp. Uhuru Park
 P.o Box 42932-00100 Nairobi, Kenya Tel 2721538, 2721540 W/L: 020
 2666750, 020 2628253 Mobile 0727535757



PT. HARVEST RINDU