



# URBANA ASSOCIATION OF APARTMENT OWNERS (UAAO)

Management Office: 783, Anandapur, Madurdaha, P.S. Anandapur,  
P.O. East Kolkata Township Project, Ward No.108, Kolkata 700107  
E-mail: asstsecy1@urbanaaao.in

## TENANT'S PROFILE FORM

563

### Details of Owners/Allottees:

Tower & Flat No. :

Name of Owner :

Mobile No. :  E-mail :

Affix stamp  
size photograph  
of Tenant

### Details of Tenant / Licensee:

Please fill in BLOCK letters.

1. Full Name :

2. Father's/Husband's Name :

Natural guardian & relation (in case of minor) :

3. Date of Birth :

4. Occupation :      Employed       Self-employed       Housewife       Student       Others

5. Profession / Nature of business :

6. Residential Status :      Resident Indian       Non-resident Indian   
Foreign Citizen of Indian Origin       Foreigner

7. Permanent Address: .....  
State: ..... City: ..... Pin : ..... Phone: .....  
Fax: ..... Mobile: ..... E-mail: .....

8. Office Address: .....  
State: ..... City: ..... Pin : ..... Phone: .....  
Fax: ..... Mobile: ..... E-mail: .....

9. Date of Agreement: ..... Duration up to: .....

10. Broker Name :

Contact No :

## TENANCY INFORMATION SHEET

Flat No.: ..... Tower: ..... Date of Agreement: .....

11. List of person(s) staying with Tenant/Licensee (e.g. Parents/Spouse/Children)

SI.No.	Name	Relation	Date	Occupation

12. Stamp size photograph with relation and signatures of person staying with Tenant /Licensee.

Relation			
Tenant Photograph	Spouse	Dependent Children	

Relations				

## Declaration on behalf of Tenant/ Licensee

I / We confirm having read and understood the rules and regulations of the Complex. I / We hereby solemnly declare that all the foregoing facts are true to the best of my / our knowledge and nothing materials has been concealed or suppressed. I/We also undertake to inform head of Maintenance body related to the information and details shown in this application form. I shall be responsible for the payment of monthly maintenance charges, gas consumption bill, club maintenance bill and any other charges on account of damages to the common area /facilities on his /her behalf.

I certify that due to nonpayment of any bill in time, UAAO/UFM may take any appropriate action as per their decision.

In case of default, I shall take full responsibility of the same to remedy the situations up to the entire satisfaction of UAAO/UFM.

Signature of Allottee \_\_\_\_\_ Signature of Tenant/Licensee \_\_\_\_\_

Place : \_\_\_\_\_ Place :

Date : \_\_\_\_\_ Date :

**N.B(1):** Documents to be submitted along with this form to the office:

1. **Copy of Lease Agreement** \_\_\_\_\_ **Starting Date** \_\_\_\_\_ **Ending Date** \_\_\_\_\_
2. **Copy of Identity Proof/Address Proof**
3. **2 Passport size photographs of each member**
4. **Proof of Intimation to the nearest PS.**
5. **Clearance from nearest PS (Foreigner)**
6. **Clearance from FRO (Foreigner)**

**N.B(2):** For foreigners, copy of passport & visa are mandatory.

**Dues:-**

- A) *Club Dues* ..... Signed by Accountant (UFM)
- B) *Maintenance Dues* .....
- C) *Gas Dues* .....
- F) *Night Car Parking Dues* .....
- G) *Others* ..... Signed by Accountant (UFM)
- H) *Meter Reading/Night Car Parking Dues on the vacating date(if any):*

Gas Meter Details		Electric Meter Details		Signature of the Operator with Date	No of Days for Night Car Parking Dues for this Month	Signature of the Car Parking Supervisor with Date
Date	Unit	Date	Unit			

\_\_\_\_\_  
Signature of UFM Manager

\_\_\_\_\_  
Approved by (BOD-UAAO)

## Pet Ownership Declaration Form

### Owner Information

First Name :  Last Name

Address: .....

State: ..... City: ..... Pin : ..... Phone: .....

Fax: ..... Mobile: ..... E-mail: .....

### Pet's Information

Pet's Name :

Breed :  Age :

Sex : Male  Female  Unknown

Do you currently have a veterinarian?

Yes  No

Is your pet Vaccinated (Mandatory to submit)

Yes  No

Validity of Vaccination

### **By signing this form, you consent to the following statements:**

- I, hereby declare that I am the legal owner of the above mentioned pet. .
- I understand that my pet will be under my control and supervision at all times.
- I agree to assume all risks associated with the activity, and to hold UAAO harmless from any and all claims, damages, and liabilities arising from any misbehavior of my pet.
- I certify that my pet is current on all required vaccinations and has not been exposed to any communicable diseases.
- I understand that the UAAO may require proof of vaccination and/or a veterinary certificate of health.
- I hereby agree to adhere the "Pet policy" of UAAO. .
- I certify that I have read and understand the terms and conditions of this declaration consent form and that I agree to abide by them.

Signature : \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_