

MAIN STREET ASSOCIATION

THE NAME OF TRUST



Serial #: _____

Date: _____

☐ Received ☐ Payer With Thanks, Mr/Mrs/Ms _____

Project Name: _____ Size: _____ Block _____

Residential Plot _____ Commercial Plot _____ Villa/Apartment _____

Payment Type Cash ☐ _____ Cheque ☐ _____

Pay Order ☐ _____ Online ☐ _____

Amount in Words _____

Remaining Payment _____

Will Be Paid On / Before _____

Receiver Signature

Company Stamp

Customer Signature _____

Name _____

C.N.I.C _____

Contact _____

Address _____

ADDRESS: Square Commercial Lane no 2, Time Square Commercial Block no 3 Shop no 12

PHONE #: 03167818366

Hjutt0513@gmail.com