



RESERVATION FORM

REF NO. _____/_____

PURCHASER/S DETAILS

Individual/s

Company

Name1.(as per passport/ID) _____

Name2.(as per passport/ID) _____

Company: _____

Contact person: _____

P.O. Box: _____ Code: _____ City: _____

Tel (office): _____ Tel (mobile): _____

Email 1. _____

Email 2. _____

How would you like to be contacted? Phone Call Email WhatsApp

Lawyers: _____

Lawyer's Contact: Email: _____ Mobile: _____

PROPERTY AND PRICING DETAILS

Residential: Unit Type: Studio 2 Bed Duplex Penthouse
 1 Bed 3 Bed 4 Bed

Size: _____ Block: _____ Level: _____ Unit Number: _____ Total Price: _____

PAYMENT DETAILS

10% booking fee due with signing of this reservation form
20% upon signing of the sale agreement,
5 instalments of 12% each in April 2020, July 2020, October 2020, January 2021 and April 2021
10% in July 2021

Booking Fee*: Kshs _____ Cheque RTGS

ADDITIONAL INFORMATION

How did you find out about this property?

- | | | | |
|---|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Hass Website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Google | <input type="checkbox"/> Property Websites |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Magazines | <input type="checkbox"/> Billboards | <input type="checkbox"/> Gate Signs |
| <input type="checkbox"/> The Hass Index | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Hass Agent | <input type="checkbox"/> Referred By: _____ |

Other _____

TERMS AND CONDITIONS

- This booking is subject to availability of the unit at the stated price at the time of receipt of the Booking Fee in full and cleared funds, evidenced by RTGS confirmation or original banking slip, which sums are payable within 5 working days from the date of this Reservation Form.
- This booking shall be confirmed only upon receipt of the required Booking Fee in full and cleared funds within 5 working days from the date of this Reservation Form. Should the Booking Fee not be received in full and cleared funds within this time frame, the unit shall be released for sale to the market.
- This Booking Fee shall be held by HassConsult Ltd as selling agents in a non-interest earning account until signing of the Agreement for Sale. Thereafter it shall be remitted to the Developer in accordance with the terms of the Agreement for Sale.
- If the Booking Fee stated is paid in a foreign currency, it shall be held by HassConsult Ltd in the said currency, and shall only be converted to Kenya Shillings after the signing and execution of the Agreement for Sale by all parties.
- This booking is Subject to Contract and subject to signing of the Agreement for Sale within 14 days from the date of the issuance of the Agreement for Sale after which the availability and price of this property may be subject to change.
- This Booking Fee is refundable upon written demand at any time prior to the signing of the Agreement for Sale. All such refunds shall be issued in the purchaser name(s) stated above regardless of the source of funds.
- HassConsult's role in connection with the Development is that of an agent appointed by the Developer to act for and on behalf of the Developer on the sale of units in the Development (Sales Agent). HassConsult has, in undertaking its role as a Sales Agent as aforesaid, relied solely on information from and representations by the Developer on all matters relating to the Development. Nothing contained in this Form is intended, or shall be deemed to impose any obligations and/or liability on HassConsult with respect to the Development.

CONFIRMATION

I/we confirm that I/we have read, understood and shall abide by the Terms and Conditions set out above.

SIGNATURE

PURCHASER 1 (or Director 1 if purchaser is a company): Copy of ID/Passport Copy of PIN

Name: _____

Signature: _____ Date: _____

PURCHASER 2 (or Director 2 if purchaser is a company): Copy of ID/Passport Copy of PIN

Name: _____

Signature: _____ Date: _____

Company Stamp / Seal (if Purchaser is a Company) Copy of Certificate of Incorporation Copy of PIN

FOR OFFICIAL USE Agent: _____ (Initials) _____ (Sign) Manager: _____ (Sign)

AGENT: Payment Availability Documents

ADMIN: Availability Allocation Chart Full Deposit Accounts Confirmation Instructions to Lawyer