

Payment Schedule



4 BED D/D TYPE-XL

DESCRIPTION	AMOUNT
On Booking	6,000,000
On Allocation	6,000,000
On Confirmation	6,000,000
On Start of Work	6,000,000
48 Monthly Instalments 525,000 x 48	25,200,000
16 Quarterly Instalments 750,000 x 16	12,000,000
On Excavation	2,100,000
On Foundation	2,100,000
On Plinth	2,100,000
On Slab Casting 600,000 x 35	21,000,000
On Block Masonry	2,000,000
On Plaster	2,000,000
On Electric Work	2,000,000
On Plumbing Work	2,000,000
On Colouring	2,000,000
On Flooring	2,000,000
On Finishing	2,000,000
On Possession	2,000,000
CASH PAYABLE	104,500,000

IMPORTANT NOTES

- ☐ All instalments must be paid before the 10th of every month.
- ☐ Documentation charges for lease and connection charges for Gas, Electricity, Water & Sewerage are not included in the above mentioned cost. It will be charged as and when demanded by the Company.
- ☐ The allocation of Unit shall remain Provisional until full & final payment is received by the Company.

Name _____

Unit _____ CNIC _____

Floor _____ Type _____

Dated _____ Total Cost _____

Signature _____

Internal Plan 4 BED D/D TYPE-XL



Payment Schedule



3 BED D/D TYPE-A

DESCRIPTION	AMOUNT
On Booking	4,500,000
On Allocation	4,500,000
On Confirmation	4,500,000
On Start of Work	4,500,000
48 Monthly Instalments 350,000 x 48	16,800,000
16 Quarterly Instalments 575,000 x 16	9,200,000
On Excavation	1,700,000
On Foundation	1,700,000
On Plinth	1,700,000
On Slab Casting 600,000 x 35	21,000,000
On Block Masonry	1,600,000
On Plaster	1,600,000
On Electric Work	1,600,000
On Plumbing Work	1,600,000
On Colouring	1,600,000
On Flooring	1,600,000
On Finishing	1,600,000
On Possession	1,700,000
CASH PAYABLE	83,000,000

IMPORTANT NOTES

- ☐ All instalments must be paid before the 10th of every month.
- ☐ Documentation charges for lease and connection charges for Gas, Electricity, Water & Sewerage are not included in the above mentioned cost. It will be charged as and when demanded by the Company.
- ☐ The allocation of Unit shall remain Provisional until full & final payment is received by the Company.

Name _____

Unit _____ CNIC _____

Floor _____ Type _____

Dated _____ Total Cost _____

Signature _____

Internal Plan **3 BED D/D** TYPE-A

