

UNITED INDIA INSURANCE CO. LTD.

REGIONAL OFFICE: Patna Chanakya Complex R Block Floor No -3 Bir Chand Patel Marg R,Block Patna Bihar – 800001 Phone 0612- 2507756

FINANCIAL BID

1. Name and address of owner:	
(A) Telephone/cell No/Fax Numbe	r: (with STD Code)
	red:
	Multi Storied Complex/Apartments/ others
(B) No. of floors offered (Mention the	exact floor):
(C) Total carpet Area in sft	and Built up Area
3. DETAILS OF RENT OFFERED	Amount Per Month
(a) Rent (Including all taxes) (a 1) Rent psqft. (b) Maintenance charges of the flats/ Premises (if any) (c) Other charges, like Service tax etc.,if any (d) Total rent including all the charges & taxes: (e) Security Deposit if any: (1/2/3 months) 4. TERMS OF LEASE OFFERED	Rs Rs Rs Rs Rs
•Initial period of lease (3 years or 5 years	ars)years
•Increase/ Escalation of rent after 3 year	ars @ 15% (In case of 9/12 yrs lease period)
•Increase/ Escalation in rent after 5 year	ars @ 25% (In case of 10/15 yrs lease period)
•Total Lease period:(9/10/12/15 years) (Total lease period acceptable is either 9	years/12 years . Agree/ Not Agree

OR

10 years/ 15 years, initial 5 years plus one/two extension of 5 years Agree/ Not Agree (Note :- Lowest rent shall be arrived after taking into account point no. 3 and 4 i.e. average monthly outgo over entire lease period)

• Stamp Duty and Registration charges

(a) Is owner agree to bear 100% stamp duty/ registration charges: YES/NO

(b) Is owner agree to bear 50:50 stamp duty/registration charges: YES/NO

(This Financial offer is to be put up in the separate envelope duly sealed and super scribed as "Financial Bid" mentioning your name, address and telephone number thereon

Regional Manager, Estates Department, United India Insurance Co. Ltd., Regional office: RO Patna, Chanakya Complex R Block Floor no -3 Bir Chand Patel Marg R Block Patna Bihar - 800001

I/We confirm that all the above statements are true. I/we also confirm that I/we hold clear title to the property, and construction of the premises is carried out as per local rules and regulations.

Place:	
Date:	
	SIGNATURE OF OWNER
	Authorized Representative
	NAME: