

Project components Form					
Date	File	Project No.			
Contact Details					
Owner Name				Mobile	
Consultant Name			Tel	Fax	
Consultant project engineer				Mobile	
Contractor Name			Tel	Fax	
Contractor project engineer				Mobile	
Project location					
GPS Coordinates:	N°		E°		Plot
City			Sector		
Project Details					
Commencement Date			No. Of Units (Villas)		
Construction period			Number of floors		
Contractual completion date			Total Built-up area		
Contractor contract value			Consultant fee		
Total construction cost			Cost / SQM		
Component Description					
Type	Type 1	Type 2		Type 3	
# Of Units					
# of Living room(s)					
# of Halls					
# of Men Majlies					
# of Women Majlies					
# of Kitchen(s)					
# of Master B/R(s)					
# of B/R(s)					
# of Bathroom(s)					
# of Balcony(ies)					
Maid room					
Driver room					
Car Parking No.					
Watchman room					
Others (please specify)					
AC TYPE					
Consultant signature & stamp	Contractor signature & stamp	Owner Name &signature			
Customer services Officer	Customer services Manager			Real Estate Director	