

PURCHASE ORDER

To

Hitam Life Care Pvt. Ltd.
Santi Nagar
Brahmapur, Ganjam, Odisha.

Date : ___/___/20___

App.No:

Sponsor Id:

Asso. Name :



DETAILS OF CUSTOMER

My personal details are as given here under:

Name of Customer Mr. Ms. Mrs.

Full Name :

(in block letters)

Male Date of Birth Guardian

Female Age Relationship

Name of Father/Husband :

Address : At :

Post : P.S :

Dist : State : PIN :

Cell No. : Mobile No.: PAN

Status : Individual Trust Financial Institutions HUF N.R.I. Co-operative Body

Occupation : Agriculture Business House wife Professional Retired Employed

Nominee : Age Relationship

Address :

A/c. No. : Bank :

ITEMS	DESCRIPTION	QTY.	PRICE	TOTAL

TOTAL

Amount Deposited. Rs. : _____ In words _____ Cash / Cheque / DD

Date Bank IFSC Code

Signature of the Customer

1. Order Accepted Rejected

Amount received as per the table given above.

Date : / / 20 Authorised signatory