## **REGISTRATION FORM**



PA	DDL	_E	NO	

First Name	Last Name
Address	
Tel (Off/Res)	Pan Card No
Mobile	GSTIN No.(if applicable)
e-mail	_
PAYMENT DETAILS	
Invoice to be made in the name of	
Billing Address	
Declaration	
I agree to comply with and be bound by the te	erms and conditions of the auction as printed in the
catalogue for the sale that govern all purchases I m	nake at the auction.
	Date 20/03/2025
Signature	

Organised by



Head Office: Secure Giving,  $7^{\text{th}}$  Floor, Rampart House, K. Dubash Marg, Mumbai 400 001. Tel : +91 2235616705 / +91 9833616622 / +91 9920227224