



Realmast

Registered Valuers, Estate and Managing Agents

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REAL ESTATE CONSULTANCY INSTRUCTIONS

INSTRUCTING CLIENT'S DETAILS

NAME: _____

CONTACT ADDRESS: _____

OFFICE TEL. No: _____ FAX: _____

EMAIL: _____ MOBILE: _____

PROPERTY DETAILS

REGISTERED OWNER: _____

ADDRESS: _____ ID No _____

LAND REFERENCE No: _____ REGISTRY MAP _____

NATURE OF INTEREST: _____ AREA: _____

COUNTY: _____ LOCATION: _____

ESTATE: _____ ROAD: _____

DEVELOPMENT (IF ANY): _____

STATUS: _____

PURPOSE OF CONSULTANCY

DECLARATION

I/We the undersigned confirm that the information above is true and take full responsibility for the same.

I/We undertake to pay the full professional fees and disbursements in accordance with the Valuers Act Cap 532 and Estate Agents Act Cap 533 Schedule of fees on or before the collection of the Report. I/We also hereby pay a mandatory deposit of Kshs _____ to be part of the final fees.

NAME AND USUAL SIGNATURE: _____

DATE: _____

INSTRUCTION TAKEN BY: _____