



Client Consent & Registration Form

I have read, understood, and accepted all the above terms. I am voluntarily paying for the selected Service below:

- ☐ Basic Service :- 25,000/-
- ☐ Premium Service :- 35,000/-
- ☐ VIP Service :- 55,000/-

Client Details:

Name: _____

Age: _____

Mobile Number: _____

Address: _____

Client Signature: _____

Date: _____

For Office Use Only:

Company Authorized Representative: _____

Contact:- pavitarishtainternational.com@gmail.com