



OKUN, AJAH

GLORIOUS GARDEN ESTATE

SUBSCRIPTION FORM

INSTRUCTIONS

- 1. Please carefully and thoroughly read this form before filling out the required details.
- 2. This form should be completed only in **BLOCK LETTERS.**
- **3.** Please make sure to supply only authentic information as all the information you input will be treated as confidential.
- **4.** The passport photograph to be affixed must be a recent one and should match the true identity. Please write your full name on the reverse likeness of the individual applying or that of an authorizing officer of the establishment making the application.
- **5.** All inquiries should be directed to Lawrevee Homes Nig. Ltd.
- **6.** Names will appear on your title documents as filled on this form. Any subsequent changes or modifications will attract the sum of #15,000.
- **7.** Filling this form without payment of at least the initial deposit as stipulated does not create any obligation between subscriber(s) and the company.

PERSONAL DATA					
TITLE: SURNAME:				PLEASE AFFIX YOUR PASSPORT PHOTOGRAPH HERE	
FIRST NAME:	OTHER NAME:		ı		
MARITAL STATUS:	MAIDEN NAME:				
MM / DD / YY DATE OF BIRTH:	NATIONALITY:				
RESIDENTIAL ADDRESS:					
LANDMARK:		ΛAIL:			
MOBILE:		TELEPHONE:			
NEXT OF KIN					
FULL NAME:					
MOBILE:		EMAIL:			
CURRENT EMPLOYMENT DETAILS					
EMPLOYER:		POSITION HELD:			
MOBILE: ADDRESS:					
PAYMENT OPTIONS (Tick & fill as appropriate)					
OUTRIGHT (0-2 MONTHS)	(3-6 MONTHS		IMBER OF	(SQM) PLOT SIZE	

AGREEMENT & UNDERTAKING

1	a
·	owledge my obligation to pay on a weekly/monthly basis, all bscribed to. I also acknowledge the right of the promoters of the estate use or neglect to pay for three (3) months consecutively.
interest on the land paid for will only be entertained with	be false, I will be disqualified from allotment. Any withdrawal of my hin three (3) months of subscription and will attract a 10% severance and understood all the terms and conditions herein contained and so
OFFICIAL USE ONLY	
MARKETER'S NAME:	
MARKETER'S MOBILE:	
EMAIL:	
DATE:	MID NUMBER:
HOW TO MAKE PAYMENT	
	g. Ltd at its designated banks. Cheque(s) should be issued in favor of accept responsibility for any liability that arises as a result of a breach
I HAVE READ AND UNDERSTOOD ALL THE TERMS, ALONGSIDE THE ATTACHED APPLICATION FORM. I ACCEPT AND COVENANT TO BE BOUND BY THE S	CONDITIONS AND INFORMATION CONTAINED HEREWITH SAID TERMS AND CONDITIONS.
SUBSCRIBER'S NAME	
SUBSCRIBER'S SIGNATURE	DATE