



GILGAL ESTATE

SUBSCRIPTION FORM



Please complete all fields in BLOCK LETTERS

CUSTOMER INFORMATION

Preferred names for Land Document Preparation

(SURNAME) O D U L U K W E (MIDDLE NAME) J U L I E T (FIRST NAME) K H I N W E

Marital Status Single ☐ Married ☒ Others (specify) _____ Sex Male ☐ Female ☐

Name of Spouse (SURNAME) H I L A R Y (MIDDLE NAME) O D U L U K W E (OTHER NAME) _____

CONTACT INFORMATION

Mobile Number 08100053081 OR _____

Email Address Fulukwe Juliet@Gmail.com

Residential Address RD 5 DADAIALA ESTATE

OTA OGUN STATE City/Town OTA

Local Govt. ADO OVAIGA State OGUN STATE

Country of Residence NIGERIA Date of Birth 26/9/78

Mode of Identification Nat ID ☐ Driver Lic ☐ Int'l Passport ☐ Voters Card ☐ Others (Specify) WORKING IN RC No (For Company Id Only) _____

ID Number _____ Nationality NIGERIA State Of Origin ANAMBRA

Occupation CIVIL SERVANT Employer's Name _____

Employer's Address NPA ADAPA PORT COMPLEX LAGOS

NEXT OF KIN INFORMATION

Name (SURNAME) O B I D R A (MIDDLE NAME) O D U L U K W E (FIRST NAME) _____

Mobile Number 08036848540/978 _____

Residential Address RD 5 DADAIALA ESTATE

OTA STATE City/Town OTA

Plot of Land Options Residential ☐ Commercial ☐ Number of Plots 2

Payment Options Outright Payment (discount Offer) ☐ Instalment Payment (12 Months Max) ☒

Fulukwe Juliet hereby affirm that all information filled in as requirement for land purchase in GILGAL ESTATE at Eleragbe Ibeju-Lekki is true and any false information provided by me may result in termination of my application.

Signature _____

Referred by _____

Phone No _____