

Application Form

Surname:	win Dare	CONTROL SECTION		
Other Names: #	tina			
Residential Address:	11 Johnson	Agodo Folo	hagos Migenta	
7	• • • • • • • • • • • • • • • • • • • •			
Nationality: Mes	ewa	State of Origin/Cit	Ogun State	
T				
Telephone numbers: . C	7061887825	∠Office 1		
E-mail Address: Sh	clavindare QC	md-Compostal 11	number:	
Mode of Identification	Inail Address: Sholaring OCml-ComPostal Address:			
National ID card	Int'l Passport Driv	er's licence Dyan -	PHCN Bill Water Co-operation bill	
	*******************************		HCN Bill Water Co-operation bill	
Next of Kin: Sec	Am Solano	~		
Address (John	ison st An	odo Aplse ha		
Tel: 0909994	45414	a fise ha	fos Migeria	
NUMBER OF PLOT (S)				
PLOT OPTION (S)	RESIDENTIAL	COMMERCIAL	OPTIONS OF PURCHASE	
			LAND BUILDING	
PAYMENT OPTI	ON FOR LAND SUBSCRIPTION	ON		
		To the Black of the Control	OPTIONS OF BUILDING	
OUTRIGHT	6 MONTHS	18 MONTHS	OPTIONS OF BUILDING 3 BEDROOM BUNGALOW	
	6 MONTHS 12 MONTHS	18 MONTHS	3 BEDROOM BUNGALOW DUPLEX	
OUTRIGHT	12 MONTHS		3 BEDROOM BUNGALOW DUPLEX TERRACE	
OUTRIGHT 3 MONTHS	12 MONTHS PLEASE TICK AS APP	PROPRIATE THE BOX AB	3 BEDROOM BUNGALOW DUPLEX TERRACE BLOCK OF FLATS OVE	
3 MONTHS above and shall subm	12 MONTHS PLEASE TICK AS APP	PROPRIATE THE BOX AB	3 BEDROOM BUNGALOW DUPLEX TERRACE BLOCK OF FLATS OVE	
OUTRIGHT 3 MONTHS above and shall submit ke to be liable if payr	12 MONTHS PLEASE TICK AS APP	PROPRIATE THE BOX ABhereby confirm that I st t(s) made in favour of B ordance with the above p	3 BEDROOM BUNGALOW DUPLEX TERRACE BLOCK OF FLATS OVE shall strictly abi RIT CLEAN' Syment	
outright 3 months bove and shall submite to be liable if payrand refund of any moplicable).	PLEASE TICK AS APPLIED IN THE PLEASE	PROPRIATE THE BOX ABhereby confirm that I st t(s) made in favour of B ordance with the above p	3 BEDROOM BUNGALOW DUPLEX TERRACE BLOCK OF FLATS OVE Shall strictly abi RIT CLEAN' ayment m #20, 00	