

Application Form



Surname: OLUWATOPE OLUWABUKOLA OLUWASEUN

Other Names:

Residential Address: NO 1 Joseph Avenue, Sangotedo Ajah

Date of Birth: 11-02-1988

Nationality: NIGERIAN State of Origin/City: ONDO STATE / ONDO

Occupation: Self Employed

Telephone numbers: 08039165197 / 08064998697 Office number:

E-mail Address: darebukola80@gmail.com Postal Address:

Mode of Identification

☐ National ID card ☐ Int'l Passport ☒ Driver's licence ☐ PVC ☐ PHCN Bill ☐ Water Co-operation bill

Banker:

Next of Kin: OLUWATOPE OLUWAGBOTEMI

Address: NO 1 Joseph Avenue Ajah

Tel: 080 09095309197

NUMBER OF PLOT (S)		<u>1</u>		OPTIONS OF PURCHASE	
PLOT OPTION (S)		<input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> LAND	<input type="checkbox"/> BUILDING
PAYMENT OPTION FOR LAND SUBSCRIPTION					
<input type="checkbox"/> OUTRIGHT	<input type="checkbox"/> 6 MONTHS	<input checked="" type="checkbox"/> 12 MONTHS	<input type="checkbox"/> 18 MONTHS	OPTIONS OF BUILDING	
<input type="checkbox"/> 3 MONTHS				<input type="checkbox"/> 3 BEDROOM BUNGALOW	
				<input type="checkbox"/> DUPLEX	
				<input type="checkbox"/> TERRACE	
				<input type="checkbox"/> BLOCK OF FLATS	

PLEASE TICK AS APPROPRIATE THE BOX ABOVE

OLUWATOPE OLUWABUKOLA OLUWASEUN hereby confirm that I shall strictly abide by the payment mode above and shall submit copy(ies) of payment(s) made in favour of BRIT CLEANWAY VENTURES. I undertake to be liable if payment made is not in accordance with the above payment mode and my subscription (Note(s) and refund of any money paid less 10%-15% agency fee and plus #20, 000 administrative expenses where applicable).

Signature and date: [Signature] 5/

Note: All Cash/Cheque/Draft payments must be paid into our designated company's bank account in favour of