



RC: 1414016

SHELTER TRUST GLOBAL RESOURCES LIMITED

...service and excellence

LAND SUBSCRIPTION FORM

INSTRUCTIONS

1. Please read this form carefully before filling.
2. This form should be completed in BLOCK LETTERS only.
3. All information supplied will be treated with confidentiality; therefore please submit only TRUE information.
4. The passport photograph to be attached must be a recent copy and must be a true likeness of the individual applying or that of the authorizing officer of the establishment making the application.
5. All enquiries should be directed to the Client Management Dept. at our office address below.

**AFFIX
PASSPORT
HERE**

NOTE: You are to provide 2 copies of recent passport photographs with subscriber's name written at the back.

PERSONAL DATA

Title: Surname:

Other Names:

Maiden Name:

Marital Status:
Kindly tick appropriate box

Single

☐

Married

☐

Divorced

☐

Date of Birth:

Day

Month

Year

Nationality:

Contact Address (Not P.O Box):

Email Address: Tel. No.:

Mailing Address:

Next of Kin:

Address: Tel. No.:

APPLICANTS EMPLOYMENT HISTORY

Occupation:

Employer's Name:

Income per Month:

Name of Estate:

PAYMENT OPTIONS

Kindly tick appropriate box

OUTRIGHT

☐

6 MONTHS

☐

12 MONTHS

☐

24 MONTHS

☐



PLOTS OPTION

Type of Plot:

Kindly tick appropriate box

Residential Full plot

☐

Residential Half plot

☐

Commercial plot

☐

Number of Plot(s):

ACKNOWLEDGEMENT AND UNDERTAKING

I _____ a subscriber to thee Estate, do hereby acknowledge my obligations.

I also acknowledge the right of **SHELTER TRUST GLOBAL RESOURCES LIMITED**, developer of the Estate, to revoke any plot(s) due to me in the event that I fail, refuse or neglect to pay three consecutive installment payments. Information found to be false will lead to disqualification.

Subscriber's Signature: _____ Date: _____

Kindly refer us to anyone you know will be interested to subscribe and subsequently own a home in our Estate.

NAME:

TELEPHONE NO.:

FOR OFFICIAL USE ONLY

AG/MKT CODES: _____

BUSINESS DEVELOPMENT OFFICER: _____

ACCOUNTS OFFICER: _____

DATE: _____

Powered and Marketed by:

SHELTER TRUST GLOBAL RESOURCES LIMITED

Sefraj Plaza, Block 14, 2nd floor, African Tyre Village, Opp GL First Gate, Trade Fair Complex,
Badagry Expressway, Lagos.

HOTLINE: 0909 094 1228, 0812 087 5647 | www.sheltertrustglobalinvest.com



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SUBSCRIPTION FORM

NAME OF ESTATE: _____

CUSTOMERS SURNAME: _____

FIRST NAME: _____

OTHER NAMES: _____

SEX:

Kindly tick appropriate box

Married

☐

Divorced

☐

ADDRESS: _____

OCCUPATION: _____

PHONE NUMBER

E-MAIL: _____

TYPE OF PLAN: _____

DURATION: _____

FREQUENCY: _____

COMMENCEMENT DATE:
Day Month Year

MATURITY DATE:
Day Month Year

NEXT OF KIN: _____

ADDRESS: _____

PHONE NUMBER:

INITIAL DEPOSIT:



OFFICE USE ONLY:

NUMBER OF PLOTS: _____

STRUCTURE OPTION:

Kindly tick appropriate box

Story Building

☐

Bungalow

☐

Duplex

☐

Commercial

☐

Marketing Executive: _____

Staff Code: _____

Investor Sign: _____