

Instructions:

1. Please read this form carefully before filling.
2. This form should be completed in BLOCK LETTERS only.
3. Please supply accurate information only
4. The passport photo to be attached must be a recent one and reflect the true likeness of the individual applying.

AFFIX PASSPORT
PHOTO
HERE

Please write your full
name on the reverse
side of your passport
photograph.

Personal Data

Title:	Surname:		
First Name:	Other Name:		
Marital Status:	Maiden Name:		
Date of Birth (DD/MM/YYYY)	/	/	Nationality:
Residential Address:			
Mailing Address:			
Email:			
Mobile:	Home Telephone:		

Next of Kin

Name:	
Mobile:	Email:

Current Employment Details

Employer:	Designation:
Telephone:	Address:

Payment Option

Please tick as appropriate

- | | |
|--|--|
| <input type="checkbox"/> Outright (0 - 3 months) | <input type="checkbox"/> Corner Piece |
| <input type="checkbox"/> 4 - 12 months | <input type="checkbox"/> Commercial Plot |

Number of Plots:

Sqm:

Undertaking

I a subscriber to the Ashron view Estate II, do hereby acknowledge to pay on a weekly/monthly basis, all instalments due on my payment plan for the plot(s) I subscribed in Ashron View Estate II. If I fail in event of this payment plan, the plot allocated to me should be revoke after refusal of payment for 4 consecutive month. My withdraw of interest will attract 30% administrative fee. I also acknowledge that I have supplied the accurate data of myself and accept plot allotment declined if discovered not true. I hereby acknowledge the terms and conditions contained herein.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

Consultant's Name:

Consultant's Mobile:

Consultant's Email:

Date Treated:

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