

INSTRUCTIONS

1. Please read this form carefully before filling same.
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 has to 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 enquires should be directed to the City Planners Management at our office address.

Application Form

Types of Application *(Please Tick as applicable)*

Individual

Joint

Corporate

Investment

PERSONAL DATA

TITLE: _____

SURNAME: _____

OTHER NAMES: _____

MAIDEN NAME: *(If Married)* _____

DATE OF BIRTH: *(Not Year)* _____

NATIONALITY: _____

CONTACT ADDRESS: *(Not P.O Box)* _____

EMAIL ADDRESS: _____

HOME TEL NO: _____

MAILING ADDRESS: _____

OTHER INFORMATION: _____

NEXT OF KIN: _____

TEL NO: _____

EMAIL: _____

Note:

Applicant is required to submit One (1) copy of recent passport size photograph of which should be certified as a being a true likeness of the applicant.

APPLICANT'S EMPLOYMENT HISTORY:

PROFESSION: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S TEL NO: _____

EMPLOYER'S FULL ADDRESS: _____

PAYMENT PLANS *(Tick as applicable)*

OUTRIGHT

3 MONTHS

6 MONTHS

INDICATES NUMBER OF PLOT(S): _____

ACKNOWLEDGMENT AND UNDERTAKING

I/We..... a subscriber to the Palazzo BeachFront Estate do hereby acknowledge my obligation to pay as at when due all installments on my payment plan for the plot(s) I subscribe to.

I also acknowledge the right of City Planners Operators of the Palazzo BeachFront Estate to remove any plot(s) due to me in the event that I fail, refuse or neglect to pay two consecutive installments. Information found to be false will lead to disqualification of the application for allotment.

Signature: _____

In the Presence of: _____

Name: _____

Address: _____

Occupation: _____

Signature: _____

REFERENCE:

Kindly refer us to anyone else you know will be interested to subscribe in our estate.

Name: _____

Address: _____

Email: _____

Tel No: _____

FOR OFFICIAL USE ONLY:

FORM CHECKED BY: _____

DATE OF SUBMISSION: _____ DOCUMENT COMPLETE/INCOMPLETE: _____

UNIT TYPE _____

FIRST DEPOSIT RECEIVED: AMOUNT: _____ DATE: _____

SUBSEQUENCE DEPOSITS RECEIVED: AMOUNT: _____ DATE: _____

COMMENT: _____



Suite H330, Ikota Complex,
VGC, Lekki, Lagos.
www.cityplanners-ng.com
info@cityplanners-ng.com
Tel: 08033056895, 09056177602.

Block 2, Plot 3, SHERRY VIEW GARDEN,
Mowe/Ofada, Ogun State.
Block 1, Plot 1, Highland Estate, Karu.
Opposite Goshen City, Abuja