

**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: \_\_\_\_\_

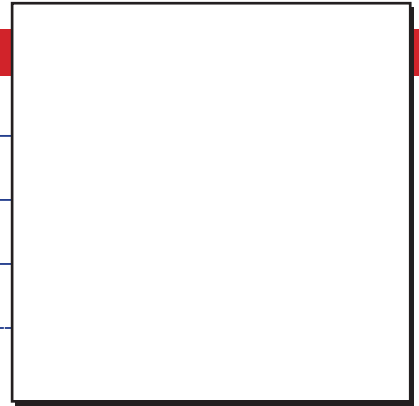
HOME TEL NO: \_\_\_\_\_

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): \_\_\_\_\_

**HOUSING TYPE (Indicate the housing type)**

ONE-BEDROOM FLATS       TWO-BEDROOM FLATS       THREE-BEDROOM TWIN FLAT

THREE-BEDROOM BUNGALOW       FOUR-BEDROOM DUPLEX

FIVE-BEDROOM LUXURY DUPLEX

## ACKNOWLEDGMENT AND UNDERTAKING

I/We.....a subscriber to the OMPRÉLA RESIDENCE 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 OMPRÉLA RESIDENCE 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: \_\_\_\_\_



**City Planners**  
PROPERTY AND INVESTMENT LTD.

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[info@cityplanners-ng.com](mailto:info@cityplanners-ng.com)  
**Tel: 0803 305 6895 | 0905 617 7602**

Block 2, Plot 4, Sherry View Garden,  
Mowe/Ofada, Ogun State  
No 5, Ladoke Akintola Street, Off Aare  
Avenue, Bodija, Ibadan Oyo state.  
Block 1, Plot 1, Highland Estate, Karu,  
Opposite Goshen City, Abuja.