



RC: 853840

Oasis & Shelter Ltd

ESTATE SURVEYORS AND VALUERS ■ CONSULTANTS ■ GENERAL CONTRACTS

OFFICE: 62 OGUI ROAD ENUGU TEL: 08033122003, 08054968101

WEBSITE: www.oasisandshelter.com

PLOT APPLICATION FORM

A: PERSONAL DATA

Affix
Passport

Name of Applicant (in full):	
Date of Birth:	Sex: Marital Status:
State of Origin:	Nationality:
Tel No:	Email Address:
Residential Address (Street, Town & State):	
Postal Address:	
Occupation:	
Business/ Employers Name:	
Business /Employers Address:	
Name of Next of Kin:	
Address of Next of Kin:	
Relationship:	Telephone Number:

NAME OF ESTATE: _____

B: CATEGORIES OF HOUSES OF INTEREST

TICK

ROYAL'S COURT	3 Bedrooms Detached Bungalow	<input type="checkbox"/>
KING'S COURT	4 Bedrooms Semi-Detached Duplex	<input type="checkbox"/>
ANGEL'S COURT	4 Bedrooms Fully Detached Duplex	<input type="checkbox"/>
EMPEROR'S COURT	5 Bedrooms Detached Duplex On 3 Floors + Pent House	<input type="checkbox"/>

D: DECLARATION

C: MODE OF PAYMENT:

TICK

OUTRIGHT PAYMENT	<input type="checkbox"/>
INSTALLMENT PAYMENT	<input type="checkbox"/>

I hereby declare that the funds paid are from legal sources in line with Nigeria's money laundering laws. I confirm that I am over the age of 21, I have read, understood and accept the application terms and conditions for purchase as herein above specified.

Signature of applicant _____

Date _____

Please submit completed form as email attachment to: info@oasisandshelter.com



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PERSONAL DATA

NAME OF BENEFICIARY (IN FULL)

RESIDENTIAL ADDRESS

MOBILE PHONE NO(S)

POSTAL ADDRESS

E-MAIL ADDRESS

SEX

MALE

FEMALE

Please tick as appropriate

DATE OF BIRTH

MARITAL STATUS

MARRIED

SINGLE

NATIONALITY

STATE OF ORIGIN

LGA OF ORIGIN

OCCUPATION

RANK

DATE OF FIRST APPOINTMENT

DATE OF RETIREMENT

EMPLOYER'S NAME, ADDRESS
& TELEPHONE NO

NAME OF NEXT OF KIN

RELATIONSHIP

ADDRESS OF NEXT OF KIN

TEL. NO OF NEXT OF KIN

CUSTOMER'S ORDER

Declaration:

(A) I.....do solemnly declare that the information given in the registration form is correct to the best of my knowledge and that in the event of death, my financial benefit will be used to offset any loan/facility if applicable.

(B) That this form is not transferable

Mode of Identification

ID NO

Signature

Date

OFFICIAL USE

Details of Project & Receipt:

Issued By: _____

House/Land Type: _____

Cash/Cheque: _____

Land Address _____

Remarks: _____

Name & Signature of Verifying Officer(s):

(1) _____

(2) _____