

MAX HEIGHTS, PHASE 1, WARRI | SUBSCRIPTION FORM

AFFIX
A PASSPORT
PHOTOGRAPH

SECTION 1: SUBSCRIBER'S DETAILS

Please complete all fields in block letters. Fields marked with asterisks (*) are mandatory. Tick boxes where appropriate.

NAME*

Mr.☐ Mrs.☐ Miss.☐ Others☐

Surname

Other Names

NAME OF SPOUSE*

(If Applicable)	Surname	Other Names
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ADDRESS*

DATE OF BIRTH* **GENDER*** **MALE** ☐ **FEMALE** ☐

[illegible][illegible]

COUNTRY OF RESIDENCE											LANGUAGE SPOKEN									
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[illegible][illegible]

SECTION 2: NEXT OF KIN

NAME	<input type="text"/>	ADDRESS	<input type="text"/>
PHONE NUMBER	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		

SECTION 3: SUBSCRIBER'S DECLARATION

I.....hereby affirm that all information provided as a requirement for the land in Max Heights City located in Oha Okpe LGA, Warri Delta State, is true and any false or inaccurate information given by me may result in the decline of my application.

*TYPE OF PLOT: ☐ Residential ☐ Commercial plot (attracts 10%) Number of plots PLOT SIZE: ☐ 464 SQM ☐ 928 SQM

PAYMENT PLAN: ☐ 3 Months ☐ 12 Months ☐ Corner piece plot(s) attracts 10% of land cost

SIGNATURE OF SUBSCRIBER* _____

NAME* _____ DATE* _____

FOR REFERRAL DETAILS

[illegible]

DATE*

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PHONE NO

[illegible]

ADDRESS: PWAN MAX WARRI OFFICE, 48. AIRPORT ROAD, BRFORE ST. MARY'S HOSPITAL JUNCTION, EFFURUN-WARRI
EMAIL: info@pwanmax.com **WEBSITE:** www.pwanmax.com

ALL PAYMENTS SHOULD BE MADE IN FAVOUR OF:-

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**PWAN MAX PROP
& BIZ - WARRI**
 **1304490302**