

AFFIX
A PASSPORT
PHOTOGRAPH

MAX GARDENS CITY, ILORIN | SUBSCRIPTION FORM

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

ADDRESS*

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

MARITAL STATUS* **NATIONALITY***

OCCUPATION **EMPLOYER'S NAME**

NATURE OF BUSINESS **YEARS OF EMPLOYMENT/BUSINESS**

COUNTRY OF RESIDENCE **LANGUAGE SPOKEN**

EMAIL ADDRESS*

OTHER SOURCE OF INCOME (IF ANY) **MOBILE NUMBER***

IDENTIFICATION CARD TYPE: NATIONAL ID CARD DRIVER'S LICENCE INTERNATIONAL PASSPORT NIN

ARE YOU A POLITICALLY EXPOSED PERSON? YES NO If YES, what category?

SECTION 2: NEXT OF KIN

NAME **ADDRESS**

PHONE NUMBER

EMAIL ADDRESS

SECTION 3: SUBSCRIBER'S DECLARATION

I.....hereby affirm that all information provided as a requirement for the land in Max Gardens City located in Along Oke Oyi, Jebba Road, Ilorin East LGA, Ilorin, Kwara 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: 550SQM
PAYMENT PLAN: 3 Months 6 Months Corner piece plot(s) attracts 10% of land cost

SIGNATURE OF SUBSCRIBER* _____

NAME* _____

FOR REFERRAL DETAILS

NAME*

DATE*

PHONE NO

EMAIL