



RC 1330933

WEST SPRING ESTATE PHASE 1

Application Form

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 must be recent Copy and 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 WEST SPRING ESTATE LIMITED or our office address

Note: Applicant is required to submit One copy of recent Passport Size, Photograph one of which should be certified as true likeness of the applicant. Write your full name at the reverse part of your photograph.

PERSONAL DATA

TITLE:

SURNAME:

OTHER NAMES:

MARITAL STATUS:

MAIDEN NAME: (If married)

DATE OF BIRTH: (Not year)

NATIONALITY:

CONTACT ADDRESS: (Not P.O Box)

HOME TEL. NO:

MAILING ADDRESS:

GSM:

EMAIL:

OTHER INFORMATION

NAME OF NEXT OF KIN:

TEL NO:

EMAIL:

APPLICANT'S EMPLOYMENT HISTORY

OCCUPATION:

EMPLOYER'S NAME:

EMPLOYER'S FULL ADDRESS:

EMPLOYER'S TEL. NO:



PAYMENT OPTIONS

Outright Payment

3 Months

6 Months

12 Months

NUMBER OF PLOT (S)

CONDITION AND TERMS

I a subscriber to WEST SPRING ESTATE PHASE 1, do hereby acknowledge my obligation to pay on Weekly/Monthly basis all installments due on my payment plan for the plot (s) I subscribed to. I also acknowledge the right of promoters of WEST SPRING ESTATE LIMITED to revoke any plot (s) due to me in the event that I fail, refuse or neglect to pay three (3) consecutive months. Information found to be false will lead to disqualification of the application for allotment. Any withdrawal of my interest on the land paid for will only be entertained within three (3) months of subscription and attracts automatic 10% severance and 20% administrative charges respectively. This subscriber has read and understood all the terms and conditions therein and so agree.

SIGNATURE

DATE

WITNESS

NAME:

ADDRESS:

OCCUPATION:

SIGNATURE

DATE

REFERENCE

Kindly refer us to anyone else you know will be interested to subscribe in your dream Estate.

NAME:

ADDRESS:

TEL NO:

EMAIL:

APPLICANT'S CONSULTANT/ ESTATE AGENT

NAME:

ADDRESS:

TEL NO:

EMAIL:

FOR OFFICE USE ONLY

Portfolio Manager:

Real Estate Consultant:

Accounts Executive:

Date Treated: