

Instructions:

1. Please read this form carefully before filling same.
2. This form should be completed in BLOCK LETTERS only.
3. Please supply accurate information only (All information supplied will be treated as confidential)
4. The passport photo to be attached must be a recent one and reflect the true likeness of the individual applying or that of an authorizing officer of the establishment making the application.
5. Direct enquiries to ANIERA HOMES PARTNER Limited. (find office address overleaf).

AFFIX PASSPORT  
PHOTO  
HERE

Please write your full name on the reverse side of your passport photograph.

## APPLICATION FORM

### Personal Data

Title:	Surname:		
First Name:	Other Name:		
Marital Status:	Maiden Name:		
Date of Birth (DD/MM/YYYY)	/	/	Nationality:
Residential Address:			
Mailing Address:			
Email:			
Mobile:	Home Telephone:		

### Next of Kin

Name:	
Mobile:	Email:

### Current Employment Details

Employer:	Designation:
Telephone:	Address:

### Payment Option

Please tick as appropriate

<input type="radio"/> Outright (0 - 2 months)	<input type="radio"/> Corner Piece	Number of Plots:
<input type="radio"/> 3 months		Sqm:
<input type="radio"/> 6 months		

## Agreement & Undertaking

I ..... a subscriber to the GreenAcre Court do hereby acknowledge my obligation to pay on a weekly/monthly basis, all instalments due on my payment plan for the plot(s) I subscribed to. I also acknowledge the right of the promoters of GreenAcre Court to revoke any plot(s) due to me in the event that I fail, refuse or neglect to pay for three (3) consecutive months. I acknowledge that if any information I supplied is found to be false, I will be disqualified from allotment. Any withdrawal of my interest on the land paid for will only be entertained within 3 months of subscription and will attract a 10% severance and 20% administrative charges respectively. I have read and understood all the terms and conditions herein contained and so agree.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### IN THE PRESENCE OF

NAME:

ADDRESS:

OCCUPATION:

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

## FOR OFFICIAL USE ONLY

Consultant's Name:

Consultant's Mobile:

Consultant's Email:

Date Treated:      /      /



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