SUBSCRIPTION FORM FOR

MASTERS EULIST Of ada.

Survey Fee: №100,000

PASSPORT

NI CA T			
Name of Applicant			
Name of Contact Person (in cas	e purchase is by a company)	2	
Mailing Address (not P.O. Box)			
Occupation			
Current Employer			
Employer's Mailing Address			
Nationality	P	Passport Number	
Next of Kin			
Address of Next of Kin			
Phone No of Next of Kin		:	
THOSE IN OF INCAL OF KISS			
Phone No		E	
E-mail Address		*	
Payment Terms Full	2,000 (Two Thousand naira only) or part payment with certified Chec	Outright Purchase 3 months purchase eque/draft Issued favour of SIM Prope	erties & Homes Ltd.
	Cash paid to First Bank Account No sidential	o. 5962030001328 in favour of SIM F	Properties & Homes Lt
Max Development Period 2 ye			
	ST ENDORSE AND COMPLY WI	ITH THE MASTER GOLDEN CIT	ΓY, OFADA RULES
OLDEN CITY, Ofada, is true.	I accept that my inaccurate or false	ulfilment of the terms of purchase se information declared above and no of this application and refund of an	on-endorsement of
B: No Refund of Money after pu			
Name of Applicant		Signature & Date	

Deed of Sublease: N50,000