



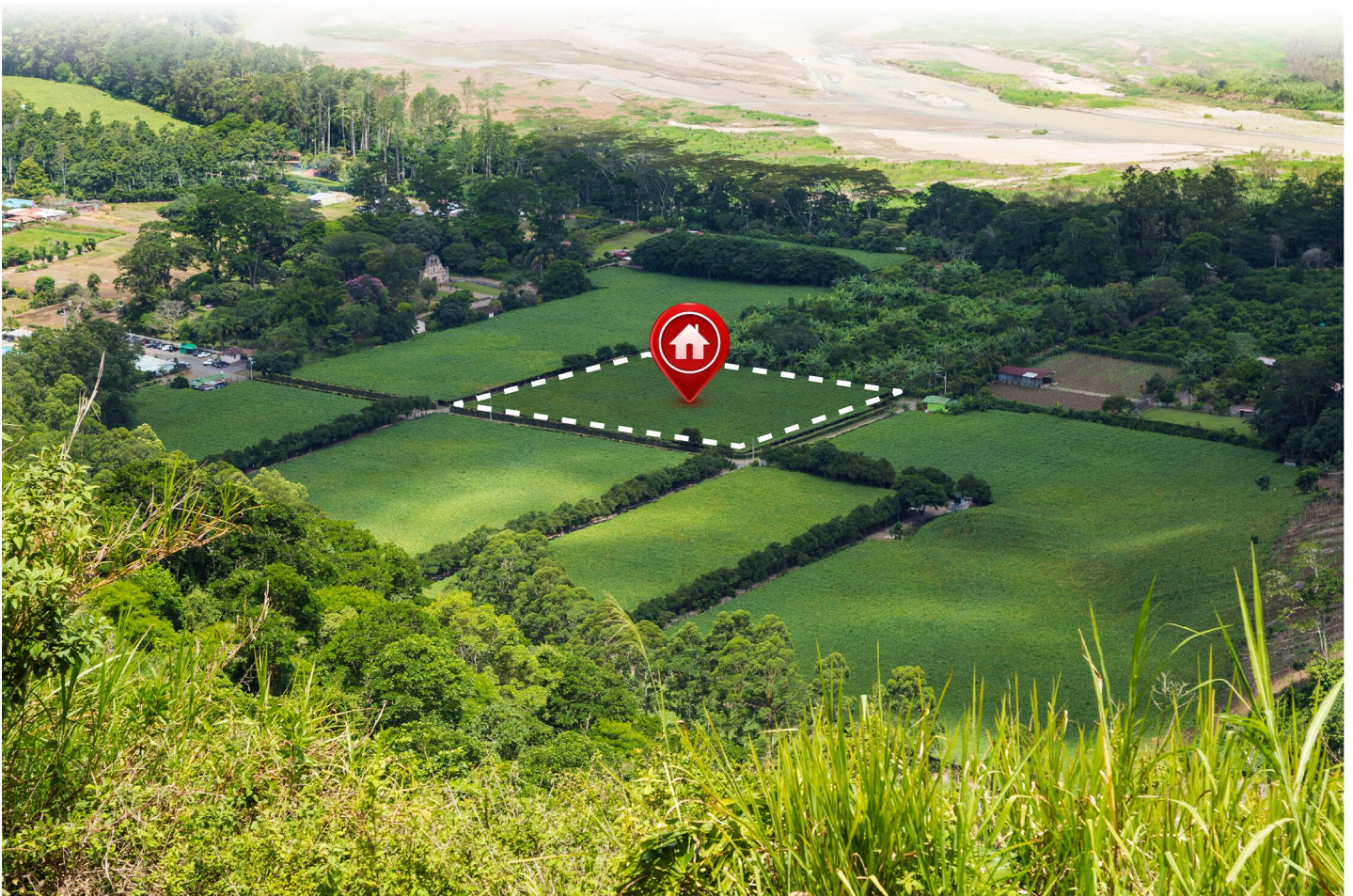
Creativity

Innovation

Transparency

Integrity

Professionalism



**ROOT
TITLE**



Certificate of Occupancy (C of O)

☐

Deed of Assignment/Conveyance

☐

SUBSCRIPTION FORM

OFFICE

NO. 14 MARYAM BABANGIDA WAY,
ASABA, DELTA STATE

MOBILE

07071111029
08032033831

EMAIL

info@dynastyhomes.com.ng
www.dynastyhomes.biz



Subscription Form

Note: Instant reservation and allocation for subscribers

NUMBER OF PLOTS: ☐ PLOT SIZE: ☐ 464QSM (50FT X 50FT) Estate Name:
RETURNING CLIENT?: ☐ YES ☐ NO
PAYMENTS: ☐ OUTRIGHT ☐ INSTALLMENT

Kindly fill the form with correct details and well spelt names as any subsequent corrections on issued documents occasioned by any mistakes in filing this form will attract correction fees.

SECTION 1: SUBSCRIBERS DETAILS

AFFIX
A PASSPORT
PHOTOGRAPH

TITLE:

NAME:

DATE OF BIRTH: GENDER: ☐ MALE ☐ FEMALE

ADDRESS:

(Residential or Home Town address in case of individual and registered business address in case of corporate organizations)

ROAD/STREET:

CITY/STATE:

OCCUPATION:

ORGANIZATION NAME:

EMAIL ADDRESS:

MARITAL STATUS: NATIONALITY:

MOBILE NUMBER: POSTAL CODE:

SECTION 2: IDENTITY PROOF

MEANS OF IDENTIFICATION: ☐ NATIONAL ID CARD ☐ INTERNATIONAL PASSPORT
☐ DRIVER'S LICENSE PERMIT ☐ VOTERS CARD (PERMANENT)

SECTION 3: NEXT OF KIN

NAME OF NEXT OF KIN:

RELATIONSHIP: GENDER ☐ M ☐ F

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

SECTION 4: PAYMENT INSTALLMENT

OUTRIGHT PAYMENT: ☐ 0-1 MONTH ☐ 1-3 MONTHS

SECTION 5: DECLARATION

I_____hereby declare that I consent to the terms and conditions regarding the purchase of the above property and to fully abide by same
I make this declaration that all information provided are true and correct to the best of my knowledge and no other vital information has been concealed

SIGNATURE:

DATE:

SECTION 6: REFERRAL DETAILS

NAME OF REFERRER:

EMAIL ADDRESS:

PHONE NUMBER:

SECTION 7: OTHERS

HOW DID YOU HEAR ABOUT US?: SOCIAL MEDIA ☐ A FRIEND ☐ A REALTOR/ALLY ☐

TV ADVERTISEMENT ☐ RADIO ☐ WEBSITE AD ☐ OTHERS ☐

FOR OFFICIAL USE ONLY

NAME OF ALLY:

PHONE:

DOB:

A\C NO:

BANK

OFFICER'S SIGN: _____

DATE _____