



Subscribers Form

TO BE FILLED IN BLACK AND BLOCK LETTERS

Suite 15, 18 King George Road
Onikan Lagos P.O Box 51213, Falomo, Ikoyi Lagos - Nigeria
Tel: +234 1 2645769
Fax: +234 1 2645787
Email: info@schrager.com

1. PERSONAL DETAILS

Title

Mr. Mrs Miss Dr Chief Others (please specify)

Surname

First Name

Middle Name

Date of Birth:

Day Month Year

Marital Status (Please tick)

Single Married Other

Children's Names And Date of Birth:

Names

Date of Birth

- 1.
- 2.
- 3.
- 4.

Home Phone No.

Office Phone No.

Mobile Phone No.

Fax No.

E-Mail Address

Present Residential And Postal Address:

Address:

P O Box/Zip Code

Country

2. EMPLOYMENT INFORMATION

Employment Status
Self Employed Employee

Company / Organization And Address:

Company Name

Address

P O Box / Zip Code Country

Position No. of years in current position:

3. SUBSCRIPTION INFORMATION

3.1 House Type
(Please tick as Appropriate)

3 Bedroom Apartments 3 Bedroom Bungalow 3 Bedroom Terrace

5 Bedroom Detached
Duplex

3.2 Preferred Location
(Please tick as Appropriate)

OPIC RiverView Ofada StoneCreek

4. MODE OF PAYMENT

(Please tick as Appropriate)

Outright Purchase Mortgage

SIGNATURE