

<input type="checkbox"/>	300 SQM Outright	<input type="checkbox"/>	500 SQM Outright
<input type="checkbox"/>	3 Months	<input type="checkbox"/>	3 Months
<input type="checkbox"/>	6 Months	<input type="checkbox"/>	6 Months

<input type="checkbox"/>	N7,000,000	<input type="checkbox"/>	N11,000,000
<input type="checkbox"/>	N7,250,000	<input type="checkbox"/>	N11,500,000
<input type="checkbox"/>	N7,500,000	<input type="checkbox"/>	N12,000,000

COMMERCIAL

RESIDENTIAL

**All prices are net of taxes and are subject to review*

No of Units/Plots

PAYMENT DETAILS

Mode of Payment: Outright: One-off 0-2 Months
 Instalment: 3 Months 6 Months
 Payment Instrument: Cheque Direct Transfer
 Financier: Self Mortgage Bank Sponsor Others Please specify.....
 Banker:

Purpose of Purchase: Self use Investment
 Initial Deposit:

PROFESSIONAL INFORMATION

Current Designation:

Name of current organization/business:

Address of current organization/business:

Telephone Number: Alternate Number:

Organization type: Pvt Ltd. Public Ltd Govt. Services Self Employed/Business
 Others

NEXT OF KIN

Surname: Other Names:

Phone Number: Alternate Number:

Contact Address:
 City:..... State:..... Country:.....

Email Address Relationship:

Date of Birth:

I/We the undersigned subscriber(s), do hereby declare, that the above stated information given by me/us is/are irrevocable, true and correct to my/our knowledge and no material fact has been concealed or misrepresented. I/We have gone through the terms and conditions written in this application form and accept the same and which shall be applicable to my/our legal heirs, successors or representatives. I/We declare that in case of non allotment of the applied unit, my/our claim shall be limited only to the extent of the amount paid by me/us in relation to this transaction which is the only ground upon which I/we can request for a refund or other settlement options subject to the discretion of the company. I/We accept that any default in my agreed payment terms, the company reserves the right to terminate my/our subscription and a refund of the total amount paid less a 40% penalty fee shall apply in accordance to the terms and conditions in the contract.

<i>Sole/First Subscriber</i>	<i>Second Subscriber</i>
Name:	Name:
Signature:..... Date	Signature:..... Date

Lagos Office: 50A, Obadina Street, Omole Phase 1 G.R.A., Ikeja, Lagos.	Abuja Office: 2B, Tanga Street, Wuse Zone 6, FCT, Abuja.	Ibadan Office: 41, Ibikunle Avenue, Old Bodija, Ibadan
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