



PERSONAL INFORMATION

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Chief <input type="checkbox"/> Others: _____		
Surname			
Forenames (Other Names)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	DD / MM / YYYY
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	Wedding Anniversary	DD / MM / YYYY
Spouse's Name			Number of Children
Country of Citizenship			Country of Residence

ADDRESS DETAILS

Address for Correspondence			
Address Line			
City			State / Province
Country			
Permanent Address			
Address Line			
City			State / Province
Country			

CONTACT & IDENTIFICATION DETAILS

Mobile Number		Alternative Number	
Email Address		Alternative Email Address	
Means of Identification	<input type="checkbox"/> International Passport <input type="checkbox"/> National Identification Number (NIN)		
Identification Number			

EMPLOYMENT / BUSINESS INFORMATION

1. For Salaried Individual

Name of Employer	
Employer Address	
Designation	
Nature of Business	
Countries of Operation	

2. For Business Owners

Name of Business	
Business Address	
Years in Business	Percentage of Ownership
Nature of Business	
Countries of Operation	

FINANCIAL INFORMATION

Source of Funds / Wealth

- Salary Business Investment Rental Family Support
 Sale of Property Gift / Inheritance Sale of Company / Business
 Other (please specify): _____

PROPERTY OPTION & INVESTMENT DETAILS

Owns Plot in Axial Pacific Realty?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Estate Name & Location: _____
Payment Plan Pricing (250 SQM)	<input type="checkbox"/> Outright: ₦25M <input type="checkbox"/> 3 Months: ₦27M <input type="checkbox"/> 6 Months: ₦29M
Initial Deposit	₦ _____ Ancillary Fees
Number of Units	Purpose of Purchase <input type="checkbox"/> Self-Use <input type="checkbox"/> Investment
Mode of Payment	<input type="checkbox"/> Outright <input type="checkbox"/> Instalment <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months
Payment Instrument	<input type="checkbox"/> Cheque <input type="checkbox"/> Direct Transfer <input type="checkbox"/> POS <input type="checkbox"/> Mortgage Draft
Banker	

MARKETING SURVEY DETAILS

How did you hear about us?	<input type="checkbox"/> Salesperson <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Website <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Referral <input type="checkbox"/> Billboard <input type="checkbox"/> Social Media <input type="checkbox"/> Others
Newspapers Read	<input type="checkbox"/> Punch <input type="checkbox"/> Guardian <input type="checkbox"/> Forbes <input type="checkbox"/> Businessday <input type="checkbox"/> This day <input type="checkbox"/> Financial Times <input type="checkbox"/> Leadership <input type="checkbox"/> Others
Social Media Used	<input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter <input type="checkbox"/> Pinterest <input type="checkbox"/> Instagram <input type="checkbox"/> Others
Marketer / Sales Partner in charge	

IDENTIFICATION DETAILS

Passport Details			
Passport No.		Passport Type	<input type="checkbox"/> Regular <input type="checkbox"/> Diplomatic <input type="checkbox"/> Other
Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Expiry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of Issue		Country of Issue	
National ID (NIN) Details (if available)			
National ID No. (NIN)			
Issuing Authority		Country	

POLITICALLY EXPOSED PERSON (PEP)

Politically Exposed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Position	
Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person's Name	
Person's Position		Person's Country	

NEXT OF KIN DETAILS

Surname		Other Names	
Relationship		Date of Birth	DD / MM / YYYY
Phone Number		Alternate Number	
Email Address			
Contact Address			
City / State / Country	City: _____	State: _____	Country: _____

DECLARATION & TERMS

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.

Sole / First Subscriber:

Name: _____

Signature: _____ Date: _____

Second Subscriber:

Name: _____

Signature: _____ Date: _____

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