

Affix  
Passport  
Photograph

### PERSONAL INFORMATION

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

### ADDRESS DETAILS

|                                   |  |                         |  |
|-----------------------------------|--|-------------------------|--|
| <b>Address for Correspondence</b> |  |                         |  |
| <b>Address Line</b>               |  |                         |  |
| <b>City</b>                       |  | <b>State / Province</b> |  |
| <b>Country</b>                    |  |                         |  |
| <b>Permanent Address</b>          |  |                         |  |
| <b>Address Line</b>               |  |                         |  |
| <b>City</b>                       |  | <b>State / Province</b> |  |
| <b>Country</b>                    |  |                         |  |

### CONTACT & IDENTIFICATION DETAILS

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

## 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 Plots in Axial Pacific Realty? | <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Estate Name & Location: _____                                              |                |                                                                       |
| Payment Plan Pricing (300 sqm)      | <input type="checkbox"/> Outright: ₦8M <input type="checkbox"/> 3 Months: ₦8.250M <input type="checkbox"/> 6 Months: ₦8.5M                    |                |                                                                       |
| Payment Plan Pricing (500 sqm)      | <input type="checkbox"/> Outright: ₦12M <input type="checkbox"/> 3 Months: ₦12.5M <input type="checkbox"/> 6 Months: ₦13M                     |                |                                                                       |
| 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<br><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<br><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<br><input type="checkbox"/> Other               |
| Date of Issue                            | <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> | Date of Expiry   | <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> |
| 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 plot, 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: \_\_\_\_\_

#### Lagos Office:

50, Obadina Street,  
Omole Phase 1 GRA, Ikeja, Lagos.  
Tel: 07083264416

#### Ibadan Office:

41, Ibikunle Avenue, Old Bodija  
Ibadan.  
Tel: 07083264416

#### Abuja Office:

2B, Tanga Street,  
Wuse Zone 6, FCT, Abuja.  
Tel: 07083256255

Email: enquiry@axialpacificrealty.com  
Website: www.axialpacificrealty.com