ANSWER CITY

an answer to your housing investment questions





PASS PORT

<u>APPLICATION</u>

TYPES OF APARTMENT		NUMBER OF UNIT
Studio/A Room Self Flat		
1 Bedroom Flat/Room & Parlor Self flat		
2 Bedrooms Flat		
3 Bedrooms Flat		
PAYMENT PLAN/DURATION		
MODE OF PAYMENT		
PERSONAL INFORMATION		
Title:	Surname:	
First Name:	Middle Name:	
DOB:	GENDER: Female:	Male:
MARTIAL STATUS:	Single: Mar	ried:
Spouses's Name (If Married)		
State Of Origin: Country Of Birth:	Local Govt: Religion:	Total Control
Country of Dirth.	Religion	For enquiries, please do not hesitate to contact us: +234 805 200 4956 info@tesjak.com www.tesjak.com

CONTACT DETAILS

Residential/Contact Address:		
Nearest Bus Stop/Landmark		
State Of Origin:	Local Govt:	
Telephone:	Email:	
Authorize Signature:		
NEXT OF KIN PASSPORT	DETAILS OF NEXT OF KIN	
Title:	Surname:	
Nature of Relationship		
CONTACT DETAILS		
Residential/Contact Address:		
Nearest Bus Stop/Landmark		
State Of Origin:	Local Govt:	
Telephone:	Email:	
Authorize Signature:	For enquiries, please do not hesitate to contact us: +234 805 200 4956	

Individual(s) or group of people who agree to own an apartment in Answer City Co-own the estate with Tesak Nigeria Venture and the development of the estate must be a Joint Venture with the Company.

Failure to make payment deadline attract 5% of the balance Monthly interest as the penalty fee.

DECLARATION

Customer Information

I/we of the above name and information, hereby apply for the payment of property with TESJAK NIG. VENTURE. I/we understand that the information given herein and document presented are the basis for paying such landed property (s) and hereby warrant that such information is correct.

SURNAME:

OTHER NAME

AUTHORIZED SIGNATORY/DATE/TEL NO:

