



EXPRESSION OF INTEREST FORM

Affix
Passport
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PERSONAL INFORMATION

Full Name: _____

(Title) (Last Name) (First Name) (Middle Name)

Sex: Male Female

Marital Status: Single Married Divorced
 Separated Widowed

No of Dependents:

Email: _____

Phone Number(s): _____

Preferred mode of contact: _____

CURRENT ADDRESS INFORMATION

Address: _____

LGA/ City: _____ State: _____

Ownership Type: Rent Owner Live with Family/ Friends

No. of Years at Residence: _____

EMPLOYMENT INFORMATION

Occupation: _____ Employment Start Date: _____

Name of Employer: _____

Employer's Address: _____

LGA/ City: _____ State: _____

Employment Sector:
 Private
 Public-Private Partnership
 Others

Employment Status:
 Full Time Self-Employed
 Part-Time
 Contract

Monthly income amount: ~~R~~

Do you owe any loans?
 Yes No

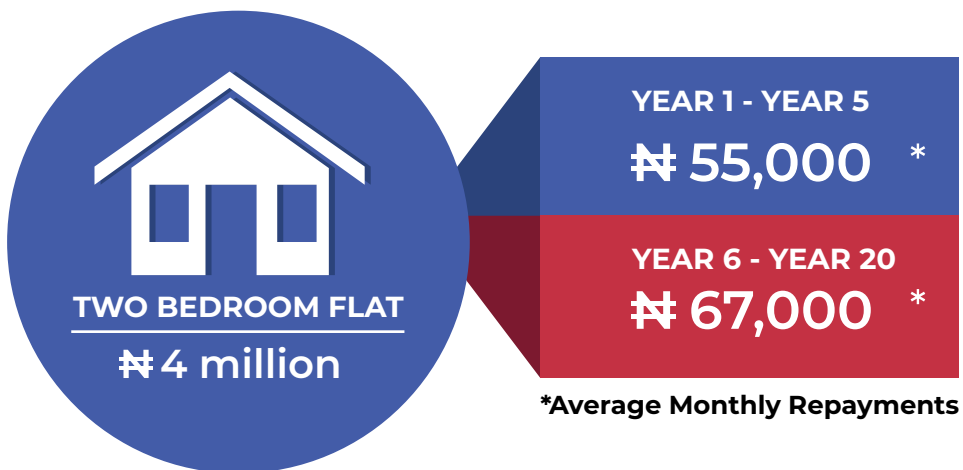
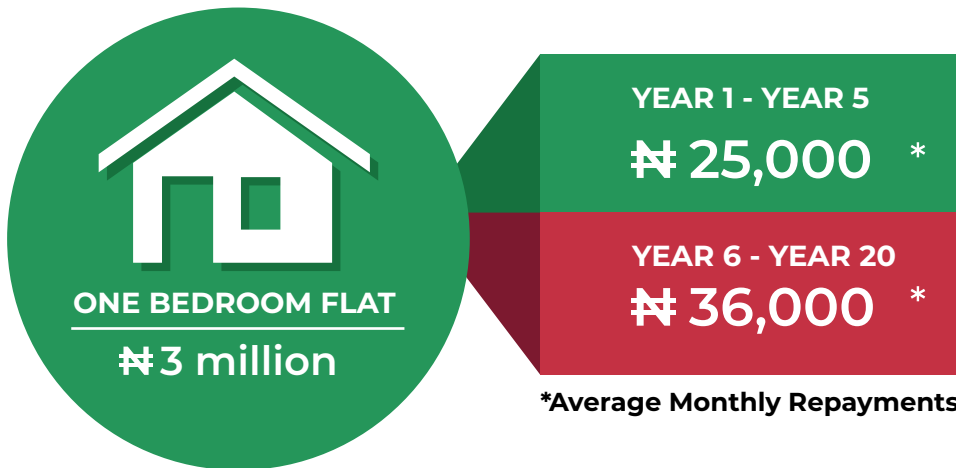
Desired Building Type: 1-Bedroom 2-Bedroom 3-Bedroom

Desired Location: _____

Signature

Date

REPAYMENT SCHEDULE



Contact Us >

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