

HAGGAI MORTGAGE BANK LTD.

119 Bode Thomas Street, Surulere, Lagos:- 07045994844, 07045994847,07046262939

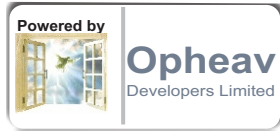
APPLICATION FOR OUTRIGHT PROPERTY PURCHASE

DATE:

The Manager

OPHEAV DEVELOPERS LTD.

Opheav House, Redemption Camp Estate 4,
Redemption Camp
Ogun State



PASSPORT
PHOTO

ATTACH 4
PASSPORT
PHOTOGRAPHS

Dear Sir/Madam

I/we request that I/we may be considered for provisional allotment of
in Redemption Camp Estate..... proposed to be developed by Opheav Developers Ltd. (The Company) on a land situated at KM 46,
Lagos-Ibadan Expressway known as the Redemption Camp.

I/we understand that the Land on which the property is situated belongs to the Redeemed Christian Church of God and I/we shall only
obtain a Land Occupation License to occupy the building based on my/our continuous membership of the RCCG.

I/we agree and undertake to sign and execute as and when required, the necessary documents required to process the Land Occupation
License and other agreements containing the terms and conditions of license. I/We also undertake to pay the annual maintenance levy over
the building as may be so determined by the company and non payment of maintenance levy is a ground for revocation of the license.

I/we further understand that the expression 'offer' wherever used shall always mean provisional offer and will remain so until such time a
formal 'Occupation License' is executed in favour of the intending allottee(s).

I/we also understand that part payment/initial deposit does not guarantee allotment in respect of interest in the estate until full and final
payment has been made.

I/we remit herewith a sum of N.....
by Bank draft/Cheque No/Transfer.....dated.....
drawn on.....,in favour of Opheav Developers Ltd being full /part payment for the provisional
offer of the License over building/house No.....

I/we agree to pay the balance as per the 'payment plan' annexed hereto:

SECTION 1 - APPLICANT'S DETAILS

1 FULL NAME: (in capital letters)
(Title) (Surname) (Other names)

2 CURRENT ADDRESSES
RESIDENTIAL ADDRESS

POSTAL ADDRESS

MOBILE NO ALTERNATIVE PHONE NO

EMAIL ADDRESS

DATE OF BIRTH STATE OF ORIGIN

NATIONALITY

3 MARITAL STATUS

(PLS TICK AS APPLICABLE)

A SINGLE

B MARRIED

C DIVORCED

D SEPARATED

4 PARISH/PROVINCIAL INFORMATION

NAME OF PARISH	<input type="text"/>	PASTOR IN CHARGE	<input type="text"/>
PHONE NO:	<input type="text"/>	E-MAIL ADD	<input type="text"/>
NAME OF PROVINCE	<input type="text"/>	PASTOR IN CHARGE	<input type="text"/>
PHONE NO:	<input type="text"/>	E-MAIL ADD	<input type="text"/>
DEPARTMENT IN CHURCH	<input type="text"/>		

NEXT OF KIN (Attach 4 passport photographs)

NAME	<input type="text"/>		
RELATIONSHIP	<input type="text"/>	MOBILE NO	<input type="text"/>
ADDRESS	<input type="text"/>		
RELIGION	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>

TYPES OF HOUSES REQUESTED

(PLS TICK AS APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> 1 1 BEDROOM EXECUTIVE BUNGALOW | <input type="checkbox"/> 4 3 BEDROOM BLOCKS OF FLATS |
| <input type="checkbox"/> 2 2 BEDROOM SEMI-DETACHED BUNGALOW | <input type="checkbox"/> 5 3 BEDROOM (DUPLEX (A) / TERRACE HOUSE (B)) |
| <input type="checkbox"/> 3 3 BEDROOM SEMI-DETACHED BUNGALOW | <input type="checkbox"/> 6 2 BEDROOM (DUPLEX (A)/ TERRACE HOUSE (B)) |

TERMS OF PAYMENT AVAILABLE

INSTALLMENTS

EN-BLOC PAYMENT

SOURCES OF PAYMENT

(The above payment option must be fully concluded within 60 days from the date of 1st payment. Where payment is not completed within 60 days, the allocation shall automatically be revoked and initial deposit refunded via the bank details supplied at no interest.)

SECTION 2

EMPLOYMENT DETAILS

(PLS TICK AS APPLICABLE)

EMPLOYMENT STATUS

EMPLOYED SELF EMPLOYED

IF EMPLOYED, STATE SECTOR

PUBLIC SECTOR PRIVATE SECTOR

PLEASE SPECIFY SECTOR (e.g. Federal or State Civil Servant; Industrial, Financial, Manufacturing, Others etc)

BUSINESS/EMPLOYER'S NAME

ADDRESS

EMPLOYER'S PHONE NO (MOBILE) LANDLINE

DESIGNATION/POSITION HELD

LENGTH OF SERVICE

IF SELF EMPLOYED
NAME & ADDRESS OF THE BUSINESS

POSITION

SECTION 3

BANK ACCOUNT DETAILS

(1) BANK NAME

ACCOUNT NAME

ACCOUNT NUMBER/SORT CODE

BRANCH

BANK ACCOUNT DETAILS

(2) BANK NAME

ACCOUNT NAME

ACCOUNT NUMBER/SORT CODE

BRANCH

NOTE THAT THIS FORM IS NEITHER AN AUTOMATIC ALLOCATION TO ANY SUBSCRIBER NOR AN AGREEMENT FOR SALE; IT OPERATES AS AN INVITATION TO TREAT. ON SUCCESSFUL APPLICATION AND ALLOCATION, ALL SUBSCRIBERS MUST ADHERE STRICTLY TO THE TERMS AND CONDITIONS GUIDING THE RESIDENTS OF REDEMPTION CAMP ESTATES FINANCED BY HAGGAI BANK.

FULL NAME

SIGNED

DATE