

**APPLICATION FORM
IS FREE**

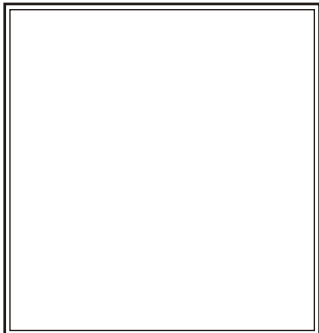


SUBSCRIPTION APPLICATION FORM

INSTRUCTIONS:

- 1. Please read this form carefully before filling same.
- 2. All enquires should be directed to the SSDC Client Management at our office address below.

**All Payments must be by
Cheque or Draft in favour of
STRATEGIC SHELTER DEV. CO. LTD.
or direct Cash lodgement into our
STRATEGIC SHELTER DEV. CO. LTD.
Bank Accounts**



Note:
Applicant is required to submit:
Two copies of recent passport size
photographs one of which should
be certified as being true likeness of
the applicant.

PERSONAL DATA

• **TITLE:** _____

• **SURNAME:** _____

• **OTHER NAMES:** _____

• **MARITAL STATUS:** _____

• **DATE OF BIRTH:** _____ (Not year)

• **NATIONALITY:** _____

• **CONTACT ADDRESS:** (Not P.O.Box) _____

• **POSTAL ADDRESS** _____

• **PHONE NUMBER:** _____ **E-MAIL:** _____

• **NEXT OF KIN:** _____ **PHONE NO.:** _____

ADDRESS: _____



Strategic Shelter Development Company Ltd.

Address: 207 Road, 'D' Close, House 9, Festac Town, Lagos.
Tel: +234 (01)6649403, 6649404, 4182212, 08035507112, 08056679948,
08059582170, 07072142440, 07072142444.
E-mail: contact@strategicshelter.com, info@strategicshelter.com **Website:** www.strategicshelter.com

PLOTS OPTION:

TICK CHOICE OF PLOT:

COMMERCIAL:

NO OF PLOTS:

RESIDENTIAL

NO OF PLOTS:

PAYMENT OPTIONS:

OUTRIGHT

3 MONTHS

6 MONTHS

12 MONTHS

18 MONTHS

24 MONTHS

30 MONTHS

36 MONTHS

ACKNOWLEDGMENT AND UNDERTAKING

I..... a subscriber to **Queen's Land Estate**, do hereby acknowledge my obligation to pay on monthly basis all installments due on my payment plan for the plot(s) I subscribed to in the estate.

I also acknowledge the right of **STRATEGIC SHELTER DEVELOPMENT COMPANY LTD**, operators of the estate to revoke my subscription if at any point I am in arrears of more than one month unpaid subscriptions.

Signature..... Date.....

• In the presence of

• Name

• Address

• Occupation

• Signature

FOR OFFICE USE ONLY

AG/MKT CODE.....

BUSINESS DEVELOPMENT

OFFICER.....

ACCT. OFFICER.....

DATE TREATED.....

INSTALMENTS RECORD

SN	AMOUNT	DATE	SIGN	SN	AMOUNT	DATE	SIGN
1st				19th			
2nd				20th			
3rd				21st			
4th				22nd			
5th				23rd			
6th				24th			
7th				25th			
8th				26th			
9th				27th			
10th				28th			
11th				29th			
12th				30th			
13th				31st			
14th				32nd			
15th				33rd			
16th				34th			
17th				35th			
18th				36th			



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