

## GOD'S TREASURY COOPERATIVE, THRIFT AND CREDIT SOCIETY

11, Ogunmefun Street, Off Bawala Street, Pedro, Somolu, Lagos State, Nigeria.

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## **APPLICATION FOR LANDED PROPERTY**

PERSONAL DATA (CONFIDENTIAL)(PLEASE FILL IN BLOCK LETTERS)

MEMBER'S PASSPORT

PLEASE WRITE YOUR NAME AND SIGN AT THE BACK.

Bank Verification No. (BVN): NIN: NIN:
Personal Information
Title: Surname:
First Name: Other Name(s):
Marital Status: Single Married Others Gender: Male Female
Country of Birth: Date of Birth Date of Birth
Mother's Maiden Name:
Tax Identification Number: (if available only)
Nationality: Nigeria Others (Please specify)
L.G.A of Origin:  (Nigerians Only)  State of Origin: (Nigerians Only)
Do you have Residency or are you a citizen
of any other country other than Nigeria:  Type of Identification:  Identification Number:
Occupation:  Office Address:
Social Media: Facebook Twitter Instagram Others Specify:
Social Media Handle:
Contact Details
Residential Address:
House/Plot Number: Street Name: Street Name:
Nearest Bus Stop/Landmark:
City/Town: L.G.A:
State: Cooperative
Mailing Address: (if different from the Residential Address)
Mobile No.:
E-mail Address:

Employment Details
Employment Status: Employed Self-Employed unemployed Retired Student  Others (Please specify)  Date of Date of Student Student
employment: <sub>Day</sub> Month year
Business/Employer's Name:
Business/Employer's Address:
Sources of Fund to the Account:
Details of Next of Kin/NOMINEE. must be 18 years and Above
Title: Surname: Surname:
First Name:
Other Name(s):
Date of Birth: Gender: Male Female
Relationship: Mobile No.: Mobile No.:
Email Address:
Contact Details
House/Plot Number: Street Name:
Nearest Bus Stop/Landmark:
City/Town: L.G.A:
State: Country:
APPLICATION
1. I hereby apply for plot(s) of land among the landed properties in sale under this cooperative at
2. The total sum of the landed property being
(amount in figures)
3. I will pay an initial deposit of
(amount in figures)
(amount in words).
4. I shall also pay the rest as a monthly instalment of
(amount in figures)
(amount in words).
5. These instalments will be a total of months
6. I agree to the terms and condition of The God's Treasury Cooperative Thrift and Credit Society on the purchase, ownership, and management of the land.
APPLICANT'S LEGAL NAME
APPLICANT'S SIGNATURE
If you are submitting this form electronically, please check the adjacent box as this, in conjunction with your typed name, represents your signature.
Day Month year

## **FOR OFFICE USE ONLY**

Account Officer's Comm	ent:		
			Signature
Head of Operation's Comm	ent:		
			Signature
			Signature
Low Risk	Medium Risk	High Risk	
Account Officer Name:		Signature & Date:	
lleed of Occasions None		0.5	
Head of Operations Name:		Signature & Date:	
God'	s Treasur	y Cooper	ative,
Thri	ft and Cred	dit Coopera	tive.
	info@modeture		
	info@godstreasury.com	www.godstreasury.com	