

## TROJAN ESTATES in conjunction with LAGOS STATE NEW TOWNS DEVELOPMENT AUTHORITY

## APPLICATION FOR LAND ALLOCATION AT ROYAL GARDENS ESTATE, AJAH, LAGOS.

Notes:-

ins that are improperly filled will not be processed. information supplied will be treated with confidentiality; therefore ase submit only TRUE information. Information found to be false will d to disqualification of the application for allotment. e passport photograph to be attached must be a recent copy and must be	ase read this form carefully before filling san						
information supplied will be treated with confidentiality; therefore ase submit only TRUE information. Information found to be false will de to disqualification of the application for allotment. Pease property of the attached must be a recent copy and must be rue likeness of the individual applying or that of the authorising officer the establishment making the application. eost of this form is NIO,000.00 which is non refundable (for multiple chases from individuals/corporate entities subsequent forms cost ,000.00).  Honging the directed to the RGE Help Desk at our offices or at location where this form is purchased. The fees paid.  Note:  Applicant is required to submit: Two copies of recent passport size photographs one of which should be certified as being a true likeness of the applicant.  Name(s) of Subscriber(s)  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer	is form should be completed in block letters of						
ase submit only TRUE information. Information found to be false will de to disqualification of the application for allothement. e passport photograph to be attached must be a recent copy and must be used in the individual applying or that of the authorising officer the establishment making the application. e cost of this form is N10,000.00 which is non refundable (for multiple rehases from individuals/corporate entities subsequent forms cost, 000.00), enquires should be directed to the RGE Help Desk at our offices or at location where this form is purchased. Two copies of recent passport size photographs one of which should be certified as being a true likeness of the applicant.  Name(s) of Subscriber(s)  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer			, * *				
the disqualification of the application for allotment. persasport plotograph to be attached must be a recent copy and must be rue likeness of the individual applying or that of the authorising officer the establishment making the application. The cost of this form is NI0,000,00 which is non refundable (for multiple rehases from individuals/corporate entities subsequent forms cost ,000,00).  Robert are multilated to the RGE Help Desk at our offices or at location where this form is purchased. The copies of recent passport size photographs one of which should be certified as being a true likeness of the applicant.  Name(s) of Subscriber(s)  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer			1				
passport photograph to be attached must be a recent copy and must be use likeness of the individual applying or that of the authorising officer he establishment making the application. ecost of this form is N10,000.00 which is non refundable (for multiple rehases from individuals/corporate entities subsequent forms cost 000.000, enquire should be directed to the RGE Help Desk at our offices or at location where this form is purchased.  Note:  Applicant is required to submit: Two copies of recent passport size photographs one of which should be certified as being a true likeness of the applicant  Name(s) of Subscriber(s)  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer							
Postcode/Zip code (if applicable)  Name of Employer  Address:  Andress:  Andress:  Note:  Applicant is required to subnit: Two copies of recent passport size photographs one of which should be cartified as being a true likeness of the applicant.  Note:  Applicant is required to subnit: Two copies of recent passport size photographs one of which should be cartified as being a true likeness of the applicant.  Name(s) of Subscriber(s)  Surname  First Name  Other Names  House Number  Street Name  City  State  Country  Postcode/Zip code (if applicable)  Name of Employer							
e cost of this form is NI0,000.00 which is non refundable (for multiple rchases from individuals/corporate entities subsequent forms cost 000.00).  Robert Should be directed to the RGE Help Desk at our offices or at location where this form is purchased.  By Note: Applicant is required to submit: Two copies of recent passport size photographs one of which should be certified as being a true likeness of the applicant  Name(s) of Subscriber(s)  Surname  First Name  Other Names  Home Address  House Number  Street Name  City  State  Country  Postcode/Zip code (if applicable)  Name of Employer	true likeness of the individual applying or that of the authorising officer						
Address:    Note:   Note: Applicant is required to submit:   Note: Applicant	the establishment making the application.			1			
Note: Applicant is required to submit: Two copies of recent passport size photographs one of which should be certified as being a true likeness of the applicant							
enquires should be directed to the RGE Help Desk at our offices or at location where this form is purchased.  In the fees paid.  Note: Applicant is required to submit: Two copies of recent passport size photographs one of which should be certified as being a true likeness of the applicant  Name(s) of Subscriber(s)  Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Name(s) of Subscriber(s)  Surname First Name Other Names  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
ms that are mutilated will not be accepted neither will there be a refund the fees paid.  Name(s) of Subscriber(s)  Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Name(s) of Subscriber(s)  Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Name(s) of Subscriber(s)  Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Name(s) of Subscriber(s)  Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:	F		certified as being a true likeness o	of the			
Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:			applicant				
Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Surname First Name Other Names  Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:	Name(s) of Subscriber(s)						
Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:	1141110(5) 01 0 41 0 6110 61(5)						
Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Surname First Name Other Names  Home Address  House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:		ii ii	e e				
House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:	Surname	First Name	Other Names				
House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:	Surname	First Name	Other Names				
House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
House Number Street Name  City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:	Home Address						
City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
City State Country  Postcode/Zip code (if applicable)  Name of Employer  Address:							
Postcode/Zip code (if applicable)  Name of Employer  Address:	House Number	Street Name					
Postcode/Zip code (if applicable)  Name of Employer  Address:							
Postcode/Zip code (if applicable)  Name of Employer  Address:							
Postcode/Zip code (if applicable)  Name of Employer  Address:	City	State	Country				
Name of Employer  Address:	cuy	Since	Country				
Name of Employer  Address:							
Name of Employer  Address:			<u></u>				
Address:	PostcodelZip code (if applicable	e)					
Address:							
Address:							
	Name of Employer						
	A						
Number Street Name	Address:						
Number Street Name							
Number Street Name							
Number Street Name							
	Number		Street Name				

City		State		Country
Postcode/Zip code	e (if applicable)	-		
Occupation:		Posit	ion Held:	
Time at Current Job:				
inc at Current Job.			•	
State the RC No. who	ere subscril	her is a cornorate	body:	
		oci io a corporate		
Contact Phone(s);	Home:	(		
Dollare Trone (5),	Tionic.	Country Code		4
	Office:			
	Office.	Country Code	City Code	
	Mobile:			
	wionite.	Country Code	City Code	
E-mail Address:		•		
Date of Birth (Optional	<i>1</i> ).			
· .		1 0 W	2	
			350	
Marital Status:				3
			_	
Number of Children:				
•				_
Vationality:				
	3 <sub>×</sub>	*	9	
Next of Kin:				
lame		Я		l. 1.
Address	3			a ,
		e e		
Do you own a proper	rty in Lagos	s? Yes	☐ No	
	rty in Lagos			
Flat	Semidetach	ned Detac	hed	
	Semidetach		hed	
Flat Terraced	Semidetack	ned Detac	hed	
Flat	Semidetack	ned Detac	hed	

12a.	What size of allotment do you seek						
	660m <sup>2</sup> 920m <sup>2</sup> 1200m <sup>2</sup> 1500m <sup>2</sup> (Please note that actual plot sizes allotted may vary marginally from the sizes quoted at point of sale. Prices shall be adjusted if requi to reflect the actual size of plot allotted.)	red					
12c.	Type of dwelling proposed Flats Terraced Detached						
	Semi-Detached						
13.	How soon do you wish to develop your allotment						
	Between 3 months & 8 months Between 8 months & 16 months						
approve Estates	Between 16 months and 24 months  f this application is successful you shall be required to carry out, build and complete development works in strict compliance with d building plan within a period not exceeding three years of being let into vacant and physical possession of the allotted Land by Troprovided that the Purchaser has completed payment in respect of the allotment. Failure to complete the development as aforesaid shall respect of the allotted land and you shall only be entitled to a refund of the deposit paid by you less 50% of the purchase price.)	jan					
14.	Name(s) to be written on sublease (please indicate in the order you would like it to appear in sublease)						
	Name	_					
	Name						
15.	Mode of Finance: (a) Self Finance						
	(b) Finance by Employer						
	(c) Banks/Financial Institutions through Mortgage						
	(Name of Financial institution)						
TERMS AND CONDITIONS							
Depo	sit: You shall on signing and returning this form be required to pay a deposit of 40% or 50% to us as stakeholders.						
Comp	<b>letion:</b> The completion of sale and payment of the balance of the purchase price shall take place not later than 9 (nine) months for						
allottees	paying 40% deposit and 12 (twelve) months for allottees paying 50% deposit from date of first payment ("Completion Date")						
Failu 1. Up	e to complete: If for any reason the payment is not completed on the Completion Date then either on receipt of an application from you the Completion Date may be extended by one month subject to your paying and interest of 3% to the payment of th	per					
2. Up sha of t	<b>e to complete:</b> If for any reason the payment is not completed on the Completion Date then either on receipt of an application from you the Completion Date may be extended by one month subject to your paying and interest of 3% of the unpaid balance of the purchase price; or on the receipt of an application for refund not later than 3 (three) months from the date of first payment an amount equal to 20% of depoil be payable to us and this amount shall be deducted from the deposit paid before the balance of the same is returned to you after re-same land.	sit le					
be 1	m receipt of an application for refund <u>any time after 3 months</u> from the date of first payment an <u>amount equal to 50%</u> of the deposit st ayable to us and this amount shall be deducted from the deposit paid before the balance of the same (if any) is returned to you <u>after re-s</u>	iall sale					
4. The self sha	terms and conditions contained in this application form shall be subject to the terms of the deed of sublease to be executed by your so In the event of any conflict between the provisions of this application letter and the deed of sublease the provisions of the deed of sub-le I prevail.	od ase					
	DECLARATION						
I/We.	representingmyself/ourselv	es					
tion g and I/ to this	do hereby solemnly and sincerely declare that the informativen on this application is true and correct to the best of my /our knowledge, information and believe hereby undertake to Trojan Estates that any allotment that may be allocated to me/us in response application shall be developed maintained and held in accordance with the terms and conditional in Estates and as contained in the sublease agreement, which are acceptable to me/us.	ef se					
	Signature Date						
	Signature Date						

