NNPC CMS LTD, LAGOS HOUSING SUBSCRIPTION FORM

SUBSCRIPTION NO.:……………………………………………………. HOUSING TYPE:……………………………………….

ALLOCATION NUMBER.:…………………………………………………………………….(for office use only)

Please complete this application form in BLOCK LETTERS

1. **PERSONAL DETAILS**

Title Mr./Mrs./Miss./Dr.(etc)…………………………………..

Surname:………………………………………………………

Other Names:…………………………………………………….

Sex: Male/Female (Please tick appropriately)

Home Address:……………………………………………………….

…………………………………………………………………………..

…………………………………………………………………………..

Tel. No.:……………………………….Mobile:………………………….

Fax No.:………………………………………………………………………

Email Address:……………………………………………………..

Nationality:…………………………………………

Country of usual residence:…………………..

2. **EMPLOYMENT DETAILS:**

Date Employed:…………………………………….

Official Designation:………………………………

SBU/DEPT.:……………………………………………..

Office Address:…………………………………..

…………………………………………………………..

Employment Status: Serving Staff…….

Pensionable: Yes:…………… No:…………..

3. **TYPE OF PROPERTY:**………..

4. **PAYMENT DETAILS (Please tick appropriately)**

COST OF HOUSE REQUIRED:
N…………………………………………..(……
……)

Payment Plan: OUTRIGHT [   ]   DEPOSIT [   ]   MORTGAGE [   ]

Amount Deposited: ……………………………………………....   Deposit as % of Purchase Price…………..

Bank Draft Details:………

Mortgage required: Yes [   ]   No [   ]   (Please tick appropriately)

Subscriber's Signature: ……………………………………………   Date:……………………………………………….

OFFICIAL USE ONLY:

APPROVED BY:

PRESIDENT	GENERAL SECRETARY	TREASURER
SIGN/DATE	*SIGN/DATE*	*SIGN/DATE*

GUARANTORS' FORM

1) GUARANTOR'S NAME　　　　　　　**SIGNATURE/DATE**

ADDRESS:　　　　　　　　　**SBU:**　　　**ID NO.:**

2) GUARANTOR'S NAME　　　　　　　**SIGNATURE/DATE**

ADDRESS:　　　　　　　　　**SBU:**　　　**ID NO.:**

3) GUARANTOR'S NAME　　　　　　　**SIGNATURE/DATE**

ADDRESS:　　　　　　　　　**SBU:**　　　**ID NO.:**

<u>TO BE COMPLETED BY APPLICANTS HEAD OF PERSONNEL IN SBU</u>

HAVE YOU ANY CAUSE TO BELIEVE THAT THE APPLICANT IS LIKELY TO LEAVE THE SERVICE OF NNPC/DPR EITHER BY RESIGNATION OR AS A RESULT OF PENDING DISCIPLINARY ACTION/RETIREMENT?...

....

DO YOU RECOMMEND GRANTING OF THIS MORTGAGE TO THE APPLICANT? (IF NO, STATE REASONS:

…………………………………………………………………..……………………

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

………………………………………………………………………………………….

PLEASE, NOTE THAT APPLICANT OUTSTANDING BALANCE AT THE POINT OF DISMISSAL, RETIREMENT OR RESIGNATION SHALL BE DEDUCTED FROM HIS/HER TERMINAL BENEFIT AND PAID TO THE SOCIETY.

NAME OF HEAD OF PERSONNEL: …………………………………………………………….

SBU/DEPT……………………………………………………………………………………….

…………………………………………………   ………………………

SIGNATURE OF HEAD OF PERSONNEL   *DATE*