

Residence

Affix your **Passport** Photograph Here

DIVANO CRYSTAL LIMITED CLIENT SUBSCRIPTION FORM

Please complete the subscription form below to be registered as a client of Divano Crystal * FILL ALL INFORMATION IN BLOCK LETTERS	Limited
*Surname	
*Title	
First name *Other names	
This traine Street Harries	
Sex *Date of Birth *Marital Statu	s
Contact Address	
Email *Moblie	
Occupation/profession	
Referred by *Moblie *Moblie	
NEXT OF KIN	
Surname *Other name	
Residential Address	
Contact Number(s) *Relationship	
PAYMENT	
lumber of Plots Out Right Paymen	t 🗌
Unit Price Payment in 3 Month	1
Total Amount Payment in 6 Month	1 <u> </u>
Terms and condition apply o 3 and 6 months paymen	n It
hereby affirm that document as a client of DIVANO CRYSTAL LTD's is true	the information provided in this
Bank Detail:	
DIVANO CRYSTAL DIVANO CRYSTAL LIMITED ACCOUNT NUMBER kindly fill and submit to out	ur office or to our email below. That

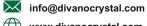
DIVANO CRYSTAL LIMITED ACCOUNT NUMBER **GTBank** 0477024223

CRYSTAL

...exceeding possibilities



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www.divanocrystal.com divano_crystal01



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