

*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 Limited**

**\* FILL ALL INFORMATION IN BLOCK LETTERS**

\*Title  \*Surname

\*First name  \*Other names

\*Sex  Male  Female \*Date of Birth       \*Marital Status

\*Contact Address

\*Email  \*Moblie

\*Occupation/profession

\*Referred by  \*Moblie

## NEXT OF KIN

\*Surname  \*Other name

\*Residential Address

\*Contact Number(s)  \*Relationship

## PAYMENT

Number of Plots  Out Right Payment

Unit Price  Payment in 3 Month  Terms and condition apply on  
3 and 6 months payment




Total Amount  Payment in 6 Month



I \_\_\_\_\_ hereby affirm that the information provided in this document as a client of **DIVANO CRYSTAL LTD** is true and that the estate shall deduct 20% of total payment made in case I decline subscription.

### Bank Detail:



kindly fill and submit to our office or to our email below. Thank you

 [info@divanocrystal.com](mailto:info@divanocrystal.com)  
 [www.divanocrystal.com](http://www.divanocrystal.com)  
 [divano\\_crystal01](https://www.instagram.com/divano_crystal01)

 0808 633 2450, 0706 626 0317  
 18, Floodgate Street, Avera Atlantic  
Vesta Estate, Olokunla, Lagos.



## ACKNOWLEDGMENT AND UNDERTAKING

I/We..... a subscriber of the Estate, do hereby acknowledge my obligations.

I/We also acknowledge the right of Divano Crystal Ltd developer of the estate to deduct **20%** of total payment made in case we decline subscription.

Subscriber(s) signature..... Date.....

## PROPERTY OPTION

INDICATE PROPERTY TYPE AND NUMBER OF UNITS:

.....  
.....

## FOR OFFICE USE ONLY

DCL CODE.....




BUSINESS DEVELOPMENT OFFICER.....



ACCOUNTS OFFICER.....

DATE.....

**Note:** Extra Payment applies to subscribers that default within the scheduled plan of payment.

kindly fill and submit to our office or to our email below. Thank you

 [info@divanocrystal.com](mailto:info@divanocrystal.com)  
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