



PROJECTVEST LITE

PERSONAL DATA

Title:

Surname:

First Name:

Other Name:

Marital Status:

Maiden Name:

DATE OF BIRTH
DD / MM / YY

Nationality:

Residential Address:

Mailing Address:

Email:

Mobile:

Home Telephone:

NEXT OF KIN

Name:

Mobile:

Email:

EMPLOYMENT DETAILS

Employed

Self Employed

Retired

Other

Employer:

Designation:

Telephone:

Address:

Source of Funds For Purchase:

MEANS OF IDENTIFICATION

**International
Passport**

National ID Card

Voters Card

**Drivers License/
Permit**

Other

**(Kindly attach a copy of the chosen
means of identification)**

How did you get to know about LIVING ARCHITECTURE LIMITED Salesperson TV
Newspaper Ad Billboard Social Media Website Radio Others

Do you own a Property with Living Architecture Limited ? Yes No

DURATION

6 MONTHS (22% ROI)

INVESTMENT AMOUNT (2M - 10M)

MODE OF PAYMENT FOR INVESTMENT MATURITY

Cheque

Payable to

.....

Bank transfer

Bank Name:

.....

Account Number:

.....

Account Name:

.....

INVESTMENT DURATION POLICY

Investors are required to maintain their investment for the entire agreed period. Early withdrawal before the maturity date will result in the company applying it's refund policy.

REFUND POLICY

In the event of a refund request before the due date, the client will not be entitled to receive any Return on Investment (ROI) accrued on their investment. A penalty of 15% of the invested capital will be deducted from the

total amount invested. This deduction will be made before the remaining balance is returned to the client.

MODE OF PAYMENT

All Cheques, Drafts, direct bank transfers should be made to

Account Name: **LIVING ARCHITECTURE LIMITED**

Account Number: **2045676037**

Bank: **FIRST BANK**

DISCLAIMER

This contract shall not be construed as part of, or dependent on, any other contract between the company and the client. This contract cannot be used to finance, offset or secure payment for any other contract with the company.

AGREEMENT & UNDERTAKING

I/We..... whose particulars are attached in this subscription form have agreed to invest the total sum of..... within the aforementioned duration. Any withdrawal of my/our interest before the duration of the agreed period of my/our investment as stated above will attract a 15% severance/administrative charge. I/We do hereby affirm that I/we have read and clearly understood the terms and conditions contained herein and intend to be bound by same. I/We certify that all information given by me/us is true and correct to the best of my/our knowledge.

Applicant's Signature

Date

IN THE PRESENCE OF

Name:

Address:

Occupation:

Witness Signature

Date

FOR OFFICIAL USE ONLY

Consultant's Name:

Consultant's Mobile:

Consultant's Email:

FOR OFFICIAL USE ONLY

/ /

CONTACT DETAILS:

+234 (0) 913 062 8247

 Living Architecture Homes  Living Architecture Homes  Living_architectureltd

info@livingarchitecturelimited.org  www.livingarchtecturelimited.org

PLEASE YOU ARE REQUIRED TO FILL ALL DETAILS IN THIS APPLICATION FORM