

DATE

| NUMBER OF CHARGO  | VALUE OF TOTAL QUARTO   |  |  |  |  |
|---|---|--|--|--|--|
| NUMBER OF SHARES  | VALUE OF TOTAL SHARES   |  |  |  |  |
|   |   |  |  |  |  |
| COMPULSORY ANNUAL SAVINGS AMOUNT  | VOLUNTARY SAVINGS AMOUNT  |  |  |  |  |
| D. (DDELLID)  |   |  |  |  |  |
| Direct (BREFIP)   |   |  |  |  |  |
| ₩25,000 LANDLORD  |   |  |  |  |  |
|   | 50.000 (G) OT   |  |  |  |  |
| ■ Normal Catalyst Credit Investment @N250,000/SLOT  |   |  |  |  |  |
| ■ National Hard State   Hard S |   |  |  |  |  |
|   |   |  |  |  |  |
| NUMBER OF FRACTIONS / SLOTS   | • TOTAL AMOUNT INVESTED (e.g MULTIPLES OF 25K)  |  |  |  |  |
|   |   |  |  |  |  |
| Landlord Regular  |   |  |  |  |  |
|   |   |  |  |  |  |
| PREFERENCE OF ATION   |   |  |  |  |  |
| PREFERRED LOCATION  |   |  |  |  |  |
| 2 BEDROOM   | 3 BEDROOM   |  |  |  |  |
| Property Type   EXPANDABLE  | EXPANDED  |  |  |  |  |
| Down out Tours Olipicut assume  | 24MONTHS NHF MORTGAGE   |  |  |  |  |
| Payment Tenure U OURIGHT (1-3 MONTHS)   | 24MONTHS NHF MORTGAGE   |  |  |  |  |
| 12MONTHS  | 36 MONTHS OTHER OR HYBRID   |  |  |  |  |
|   |   |  |  |  |  |
| Bank Details  |   |  |  |  |  |
|   | CTANDIO IDTO DI O   |  |  |  |  |
| GTBANK ACCOUNT NAME: BERSAMA REAL ESTATE COOPERAT   | STANBIC IBTC PLC  IVE ACCOUNT NAME: BERSAMA REAL ESTATE COOPERATIVE   |  |  |  |  |
| MULTIPURPOSE SOCIETY LIMITED  | MULTIPURPOSE SOCIETY LIMITED  |  |  |  |  |
| <b>ACCOUNT No:</b> 0455293993   | ACCOUNT No: 0024850431 (LAGOS)  |  |  |  |  |
|   | 0025955450 (ABUJA)  |  |  |  |  |
|   |   |  |  |  |  |
|   | l payments should be made to the designated Bank Account of Bersama Real Estate<br>ur of Bersama Real Estate Cooperative Multipurpose Society Only. Bank Transfers or |  |  |  |  |
| Online/Mobile Banking Transfers should also be made to the aforemention   |   |  |  |  |  |
| Please note that the management committee and members of Bersama R that may arise as a result of deviation from the above instruction.  | Real Estate Cooperative Multipurpose Society accept no responsibility, for any liability  |  |  |  |  |
|   | at I/We fully understand the terms and conditions regarding this membership   |  |  |  |  |
| subscription and to fully abide by same. I/We further declare that the information given in this/the subscription form is true and correct to the best of my/our  |   |  |  |  |  |
| knowledge and nothing material has been concealed.  |   |  |  |  |  |
| DATE SIGNATURE  |   |  |  |  |  |
|   |   |  |  |  |  |
| OFFICIAL USE ONLY   |   |  |  |  |  |
|   |   |  |  |  |  |

AUTHORIZED SIGNATURE



## Membership

Passport Photograph

|                       |                     |              |                         | SEX M F                 |
|-----------------------|---------------------|--------------|-------------------------|-------------------------|
| LAST NAME             | FIRST NAME          | OTHER NAM    | ES                      |                         |
| DD / MM / Y           | Y                   |              |                         |                         |
| DATE OF BIRTH         | PHONE               |              | WHATSAPP NUMBE          | ER                      |
|                       |                     |              |                         |                         |
|                       |                     |              |                         |                         |
| RESIDENTIAL ADDRESS   |                     |              | EMAIL                   |                         |
|                       |                     |              | MEANS OF IDENTIFICATION | I                       |
|                       |                     |              |                         |                         |
| IDENTIFICATION NUMBER |                     |              | DATE ISSUED             | DATE OF EXPIRATION      |
| Referral              |                     |              |                         |                         |
| Referrar              |                     |              |                         |                         |
|                       |                     |              |                         |                         |
| NAME                  |                     |              | REFERRAL L              | INK                     |
| Nominoo Inf           | ormation (Nex       | et of Kin)   |                         |                         |
| Nonmiee III           | ormation (Nex       | t of Kill)   |                         |                         |
|                       |                     |              |                         |                         |
| NAME OF NOMINEE       |                     |              | RELATIONS               | HIP                     |
|                       |                     |              |                         |                         |
| EMAIL                 |                     |              | PHONE                   |                         |
|                       |                     |              |                         |                         |
| CONTACT ADDRESS       |                     |              |                         |                         |
| D (M                  | .1 1                |              |                         |                         |
| Payment Me            | tnods               |              |                         |                         |
| Online 🗆 :            | NTERNET BANKING     | ☐ MOBILE BAI | NKING BRI               | EFIP WEBSITE (PAYSTACK) |
|                       |                     |              |                         |                         |
| Bank UF               | PURCHASE OF BANK DE | RAFT CHEQUE  | CASH PAYM               | IENT INTO ACCOUNT(S)    |
| D (T                  |                     |              |                         |                         |
| Payment Typ           | e                   |              |                         |                         |
|                       | OUTRIGHT            | □ MONTHLY    | INSTALLMENTS (ME        | MBER-IN-WAITING)        |
|                       |                     |              |                         |                         |
| Membership            | Type                |              |                         |                         |
| PREMIUM               | REGULAR             | KIDS & TEENS | DIRECT                  | (BREFIP)                |