



## MAX ROYAL, OSOGBO | SUBSCRIPTION FORM

AFFIX  
A PASSPORT  
PHOTOGRAPH

### SECTION 1: SUBSCRIBER'S DETAILS

Please complete all fields in block letters. Fields marked with asterisks (\*) are mandatory. Tick boxes where appropriate.

|                                                                                                                           |  |                                                                                                                                                                                           |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|-------------------------------------|----------------------|----------------------|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|
| <b>NAME*</b>                                                                                                              |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Others <input type="checkbox"/> |  | Surname                                                                                                                                                                                   |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      | Other Names                         |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>NAME OF SPOUSE*</b>                                                                                                    |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| (If Applicable)                                                                                                           |  | Surname                                                                                                                                                                                   |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      | Other Names                         |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>ADDRESS*</b>                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>DATE OF BIRTH*</b>                                                                                                     |  | <input type="text"/>                                                                                                                                                                      |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |                                     | <input type="text"/> |                      | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  |
|                                                                                                                           |  |                                                                                                                                                                                           |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>MARITAL STATUS*</b>                                                                                                    |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      | <b>NATIONALITY*</b>                 |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>OCCUPATION</b>                                                                                                         |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      | <b>EMPLOYER'S NAME</b>              |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>NATURE OF BUSINESS</b>                                                                                                 |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      | <b>YEARS OF EMPLOYMENT/BUSINESS</b> |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>COUNTRY OF RESIDENCE</b>                                                                                               |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      | <b>LANGUAGE SPOKEN</b>              |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>EMAIL ADDRESS*</b>                                                                                                     |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>OTHER SOURCE OF INCOME (IF ANY)</b>                                                                                    |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      | <b>MOBILE NUMBER*</b>               |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | <input type="text"/>                                                                                                                                                                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      | <input type="text"/> |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>IDENTIFICATION CARD TYPE:</b>                                                                                          |  | <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> NIN <input type="checkbox"/> |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>ARE YOU A POLITICALLY EXPOSED PERSON?</b>                                                                              |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                  |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|                                                                                                                           |  | If YES, what category? <input type="text"/>                                                                                                                                               |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |                                     |                      |                      |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |

### SECTION 2: NEXT OF KIN

|                      |                      |                |                      |
|----------------------|----------------------|----------------|----------------------|
| <b>NAME</b>          | <input type="text"/> | <b>ADDRESS</b> | <input type="text"/> |
| <b>PHONE NUMBER</b>  | <input type="text"/> |                |                      |
| <b>EMAIL ADDRESS</b> | <input type="text"/> |                |                      |

### SECTION 3: SUBSCRIBER'S DECLARATION

I.....hereby affirm that all information provided as a requirement for the purchase of the land in MAX ROYAL, Located in AKODA, Osogbo Osun State, is true and any false or inaccurate information given by me may result in the decline of my application.

|                                       |                                      |                                                         |                                                                         |                      |            |                                 |
|---------------------------------------|--------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|----------------------|------------|---------------------------------|
| <b>*TYPE OF PLOT:</b>                 | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial plot (attracts 10%) | Number of plots                                                         | <input type="text"/> | PLOT SIZE: | <input type="checkbox"/> 464SQM |
| <b>PAYMENT PLAN:</b>                  | <input type="checkbox"/> 3 Months    | <input type="checkbox"/> 6 Months                       | <input type="checkbox"/> Corner piece plot(s) attracts 10% of land cost |                      |            |                                 |
| <b>SIGNATURE OF SUBSCRIBER*</b> _____ |                                      |                                                         |                                                                         |                      |            |                                 |
| <b>NAME*</b> _____                    |                                      |                                                         | <b>DATE*</b> _____                                                      |                      |            |                                 |

### FOR REFERRAL DETAILS

|                 |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
|-----------------|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|
| <b>NAME*</b>    | <input type="text"/> |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>DATE*</b>    | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  | <input type="text"/> |  |
| <b>PHONE NO</b> | <input type="text"/> |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |
| <b>EMAIL</b>    | <input type="text"/> |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |

## MAX ROYAL OSHOGBO

### FREQUENTLY ASKED QUESTIONS/TERMS AND CONDITIONS OF PURCHASE

#### Q1. WHERE IS MAX ROYAL OSHOGBO LOCATED?

A Max Royal Oshogbo is a prime piece of land situated at Akoda Oshogbo, Osun state. Applicants or their representatives are advised to inspect the site as the company shall not be held liable for claims/issues arising from client's failure to inspect the said property before purchase. Free inspection holds Mondays to Saturdays, from 10 a.m., and Sundays on special arrangement.

#### Q2. WHY SHOULD I BUY MAX ROYAL OSHOGBO?

A Max Royal Oshogbo enjoys proximity to major commercial investments and landmarks such as: Redeemer's University, House Of Assembly, House of Assembly, and INEC. Guaranteeing high return on Investment.

#### Q3. WHO ARE THE OWNERS/DEVELOPERS OF MAX ROYAL OSHOGBO?

A Max Royal Oshogbo is owned and developed by PWAN MAX PROPERTY AND BUSINESS SOLUTIONS LTD.

#### Q4. WHAT TYPE OF TITLE DOES MAX ROYAL OSHOGBO HAVE?

A Deed of Assignment & Survey. The company has the long-term responsibility to ensure/facilitate further perfection of the estate's title subject to subscriber's payment of title perfection fees to be determined and communicated at a future date.

#### Q5. ARE THERE ANY ENCUMBRANCES ON THE LAND?

A The land is free from every known government acquisition or interests, and adverse claims.

#### Q6. WHAT IS THE PAYMENT PLAN?

A Outright payment of 1,500,000 only per 464sqm within the first three (3) months; with a minimum deposit of N500, 000 per plot.

N.B The Company reserves the right to repudiate, void or defer/transfer processing of transaction that violates the initial deposit threshold or payments that are made after the official announcement of close of sales. Payment validates subscription even if date on subscription form is earlier than the date of payment.

B 10 months instalment payment can be arranged; and attracts additional charges of 20%.

N.B. Non-payment of the monthly instalments as at when due shall be treated as a fundamental breach of the contract, which shall result in termination or revocation of the contract; OR attract default charge of 10% of the monthly payment. The company reserves the right to review number of plots purchased in the event of payment default after the company has sent two (2) consecutive notices to subscriber.

#### Q7. WHAT IS THE SIZE OF THE PLOT?

A 464SQM

#### Q8. IS THE ROAD TO THE ESTATE MOTORABLE?

A Yes.

#### Q9. WHAT OTHER PAYMENTS DO I MAKE ASIDE THE PAYMENT FOR THE LAND?

A Deed of Assignment: N100, 000 only per plot (subject to review upwards)

B Registered Survey Fee: N200, 000 only per plot (Survey Plan with company name attracts extra charges, subject to review upwards)

C Plot Demarcation Fee: N50, 000 only per plot (subject to review upwards)

D Development Levy: 1,000,000 only per plot (Subjected to review upwards) Developmental fee covers the following (1) Perimeter fencing (2) Gate house (3) Earth Road

ii. Infrastructure Fee: To be determined Later (Drainage construction; electrification; good road network, security and special amenities).

N.B- Development fee unpaid within 12 months of allocation will attract 2.5% monthly appreciation value due to rising costs of building materials. Also, where plots are unavailable at the time of subscription/payment, one can be transferred to a new phase.

#### Q10. WHEN DO I MAKE THE OTHER PAYMENTS?

A (i) Deed of Assignment, provisional Survey and Plot Demarcation payments can be made immediately before physical allocation.

(ii) Development fee can be made either outright or on instalments after physical allocation of plot. However, instalment payment will attract surcharge.

#### Q11. WHAT DO I GET AFTER THE INITIAL DEPOSIT AND FOR FURTHER INSTALMENT(S)?

A A letter of acknowledgement of subscription, receipt of payment, and/or provisional allocation letter for initial deposit; and instalment payment receipts for further instalments. There are regular estate updates for customers to follow the company on its social media handles.

#### Q12. WHAT DO I GET AFTER COMPLETING PAYMENT FOR THE LAND?

A (a) Completion Payment Receipt, Allocation Notification Letter, Contract of Sales and Plot Allocation Document (b) Deed of Assignment & Survey Plan after physical allocation is done. Allocation document would be issued within three (3) months after payment and physical allocation exercise is carried out. However, this is subject to confirmation of 50% payment of development fees. The company reserves the right to allocate subscribers to a new and nearby scheme/phase of the estate.

#### Q13. CAN I START CONSTRUCTION OR BUILDING ON THE LAND IMMEDIATELY?

A You can start building on the land after physical allocation provided development fee has been paid. Fencing & Gatehouse would be constructed within the first year of introducing the estate, while other infrastructure will commence from the second year with regard to the general level of development in the area, satisfactory evidence of possession of plots by subscriber and payment of development fee.

**Q14 IS THERE A TIME LIMIT TO COMMENCE WORK ON MY LAND AFTER ALLOCATION?**

A Yes. There must be evidence of active possession on your land within six months of physical allocation i.e fencing of plot(s). Where an allocated plot is not fenced within the stipulated timeframe, the company reserves the right to reallocate subscriber to another part of the estate.

**B WHAT IS YOUR PROPOSED TIMELINE TO COMMENCE BUILDING/DEVELOPMENT OF YOUR PLOT(S)?**

..... 6 MONTHS .....1 YEAR .....2 YEARS .....3 YEARS

**Q15. IS THERE ANY RESTRICTION REGARDING THE TYPE OF BUILDING I CAN CONSTRUCT IN THE ESTATE?**

A Yes. The estate layout is in sections, and you are expected to build in conformity with the required setback, building control and designated plan for that section (commercial or residential) i.e., bungalow, block of flats or detached houses (duplex). Note: "Face-me-I-Face-you" (tenement building) and high-rise houses will not be approved by the company and the Osun State Government.

**Q16. CAN I RE-SELL MY PLOT/PROPERTY?**

A Yes. Subscribers who have paid for their land in full can re-sell their plot(s). In that event, PWAN Max Property and Business Solutions Ltd would require the seller to furnish the company with details of the new buyer. PWAN Max does not sell on behalf of subscribers.

B A charge of 10% of the land consideration (covering transfer documentation fee) shall be paid to the company by the buyer.

**Q17. CAN I PAY CASH TO YOUR AGENT?**

A No, cash payments should ONLY be made to PWAN Max Property and Business Solutions LTD at its designated banks. Otherwise, cheque(s) should be issued in favour of PWAN Max Property and Business Solutions. We shall not take responsibility for any liability that may arise as a result of deviation from the above instruction.

**Q18 WHAT HAPPENS IF I CANNOT CONTINUE WITH MY PAYMENT? CAN I REQUEST A REFUND?**

A Yes, you can apply for refund only if you have NOT been allocated your plot(s). In the event of a refund, you are required to give the company ninety (90) days' notice to process your request and a further sixty (60) days if the process isn't completed after the first 90 days. The refund shall be processed and paid less 40% (administrative fee, logistics, agency fee and others).

**SUBSCRIBERS LAND SALES TRANSACTION DETAILS**

**INDIVIDUAL**

Bank Account Number: \_\_\_\_\_ Account name: \_\_\_\_\_ Bank name \_\_\_\_\_

**CORPORATE**

Bank Account Number \_\_\_\_\_ Account Name: \_\_\_\_\_ RC No \_\_\_\_\_

*Kindly note that in any event where the transaction details as provided by the subscriber is no longer functional, or active, the company is entitled to be notified not more than 24hrs of the change*

**Q19. IS PWAN MAX PROPERTY & BUSINESS SOLUTIONS LTD AML/CFT COMPLIANT?**

A. Yes

| S/N | Category                                                   | Document Required                                                                                                                                                                                                                                                                          |
|-----|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Individual/Propertary firm Any two of the stated documents | <input type="checkbox"/> International assport<br><input type="checkbox"/> Voter ID Card<br><input type="checkbox"/> Driving License<br><input type="checkbox"/> 2 Photographs of Individual/Sole Proprietor<br><input type="checkbox"/> Certif ate of Registratration                     |
| 2.  | Company                                                    | <input type="checkbox"/> Copy of Certif ate of Incorporation<br><input type="checkbox"/> Copy of Memorandum of Association<br><input type="checkbox"/> Copy of Articles of Associ ation<br><input type="checkbox"/> Valid Means of Identif ication                                         |
| 3.  | Foundation                                                 | <input type="checkbox"/> Certif ate of Registratration<br><input type="checkbox"/> 2 Photographs each of Trustees<br><input type="checkbox"/> Valid means of identif ication of t tees (Internarnationassport/Voter ID Card/Driver's License)                                              |
| 4.  | Partnership Firm                                           | <input type="checkbox"/> Certif ate of Registratration<br><input type="checkbox"/> Partnership deed<br><input type="checkbox"/> Valid means of identif ication of t tees (Internarnationassport/Voter ID Card/Driver's License)<br><input type="checkbox"/> 2 Photographs each of Partners |
| 5.  | Salary Range                                               | <input type="checkbox"/> 0-N500,000<br><input type="checkbox"/> N600,000-N1,000,000<br><input type="checkbox"/> N1,100,000-N5,000,000<br><input type="checkbox"/> Over N5,000,000                                                                                                          |

I hereby confirm that I have seen the land and wish to go on with the transaction.

THEREFORE, THE INFORMATION, TERMS & CONDITIONS PROVIDED HERewith ARE ACCEPTABLE AND CONSENTED TO BY ME. I ACKNOWLEDGE THE RECEIPT OF THE SUBSCRIPTION FORM/FAQ. COPY

SUBSCRIBER'S NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*If subscriber is a company or business name, two directors or the proprietor respectively must sign the subscription form and attach Form CO7 & certificate of incorporation or Certificate of Business Name Registration. For a company, the name must end with LTD, while for a business name, the purchaser is the proprietor trading in the name & style of the business name e.g- Mr. PWAN MAX (trading in the name & style of XYZ).