



**PURCHASE OF COMMERCIAL UNIT/LOT
APPLICATION FORM**

ALL FIELDS MUST BE COMPLETED (USE BLOCK LETTERS, WHERE APPLICABLE) IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

1. FULL NAME OF APPLICANT: _____

2. HOME ADDRESS: _____

3. WORK ADDRESS (if not same as home address): _____

4. TELEPHONE NO: _____ (home) _____ (work)
_____ (other) (email): _____

5. NIS NO: _____ 6. TRN NO: _____

7. TCC NO: _____ TCC EXPIRY DATE: _____

8. FULL NAME OF CONTACT PERSON: _____

9. RELATIONSHIP OF APPLICANT TO CONTACT PERSON: _____

10. ADDRESS OF CONTACT: _____

11. TELEPHONE NO: _____ (work) _____ (home)

12. PROPOSED TENANCY (Tick one): Cash Purchase Lease
Other Please specify, _____

13. BID (PROPOSED PURCHASE PRICE): J\$ _____
NOTE: Cash Purchasers will be given first preference.

14. PROPOSED USE OF UNITS: _____
NOTE: The use of the unit has to be approved by the Local Authority (Parish Council).

15. SOURCE OF FUND (include supporting documentation with application): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

NATIONAL HOUSING TRUST (OFFICIAL USE ONLY)	
DATE RECEIVED: _____	APPLICATION NO: _____
NHT OFFICER: _____	
SIGNATURE OF OFFICER: _____	
COMMENTS: _____ _____ _____	