



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: JOHN DOE
2. HOME ADDRESS: 5 MOLYNES CRESCENT, KINGSTON 20
3. WORK ADDRESS (if not same as home address): 2A HALF WAY TREE ROAD, KINGSTON 10
4. TELEPHONE NO: 929-8640 (home) 969-4086 (work)
454-1850 (other) (email): John.doe@yahoo.com
5. NIS NO: B752682 6. TRN NO: 102-546-176
7. TCC NO: 102-546-176 TCC EXPIRY DATE: 25.07.2011
8. FULL NAME OF CONTACT PERSON: RUTH DOE
9. RELATIONSHIP OF APPLICANT TO CONTACT PERSON: HUSBAND
10. ADDRESS OF CONTACT: 5 MOLYNES CRESCENT, KINGSTON 20
11. TELEPHONE NO: 929-2850 (work) 929-8640 (home)
12. PROPOSED TENANCY (Tick one): Cash Purchase Lease
Other Please specify, _____
13. BID (PROPOSED PURCHASE PRICE): JS 8,000,000.00
NOTE: Cash Purchasers will be given first preference.
14. PROPOSED USE OF UNITS: SUPERMARKET
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): BANK LOAN
- APPLICANT'S SIGNATURE: JOE DATE: 28.04.2011

NATIONAL HOUSING TRUST
(OFFICIAL USE ONLY)

DATE RECEIVED: _____ APPLICATION NO: _____

NHT OFFICER: _____

SIGNATURE OF OFFICER: _____

COMMENTS: _____