



Delivering to Diaspora

Enquiries:

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EXPRESSION OF INTEREST FORM

Name _____

Postal Address/Code: _____

Country: _____

ID No.: _____

Phone No.: _____

Email Address: _____

Date: ___/___/___

PREFERRED INVESTMENT

Fanisi Tigoni View 2B

Fanisi Tigoni View 3B

PREFERRED PAYMENT PLAN

20% deposit. Balance inmonthly installments

other: _____

HOW YOU GOT TO KNOW ABOUT US

Media Name: _____

Social Media Name: _____

Friend Name/Contact: _____

Other: _____

REMARKS

Booking Fee: Amount: _____ Date: _____

Deposit: Amount: _____ Date: _____

Monthly Installments: Amount: _____ Date: _____

Others: _____

REMARKS

Next of Kin name:	ID No.	Phone:	Relationship:
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Customer Signature: _____

Agent's Name: _____ Signature: _____

