



*Delivering to Diaspora*

Enquiries:

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## EXPRESSION OF INTEREST FORM

Name	
Postal Address/Code:	
Country:	
ID No.:	
Phone No.:	
Email Address:	
Date: __/__/____	
<b>PREFERRED INVESTMENT</b>	
Fanisi Tigoni View 2B <input type="checkbox"/>	Fanisi Tigoni View 3B <input type="checkbox"/>

### PREFERRED PAYMENT PLAN

- 10% deposit, another 10% deposit after 3 months and Balance in \_\_\_ monthly 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: \_\_\_\_\_