





#FILL ALL INFORMATION IN CAPITAL LETTE	ERS
TITLE: SURNAME	FIRST NAME
OTHER NAMES	GENDER:
DATE OF BIRTH	MARITAL STATUS:
CONTACT ADDRESS:	OCCUPATION:
PHONE NO:E	MAIL:
REFERRED BY	PHONE NO:
INVESTMENT DURATION AND	INVESTORS BANK DETAILS
INVESTMENT DURATION	ACCOUNT NUMBER
ACCOUNT NAME	BANK NAME
PAYMENT AMOUNT AND PLAN	
INVESTMENT AMOUNTS	PAYOUT OPTIONS 1 OR 2
TER	RMS AND CONDITIONS APPLY
I as a client of LOLA & CLOVER PROPERTIES contained therein.	hereby affirm that the information provided in this document S LTD is true. I have read the FAQ; I hereby agree to the terms and conditions
Signature:	Date
	LOLA & CLOVER LIMITED ACCOUNT NUMBER
	GTBank 0263469595  Guaranty Trust Bank
Kindly fill and	d submit to our office or email below. Thank you.



