

CLIENT INFORMATION DETAILS FORM

Please fill in the following details:

Personal Details

Name			Date of Birth	
ID No.		Nationality		
P.O. Box		Postal Code		
Mobile No		Supplementary No.		
Email		Work Email		
Profession		Physical Address OR RESIDENTIAL AREA		
Next of kin		Relation		
Next of kin Date of Birth		Next of kin ID Card No.	Next of kin Contacts	

Purchase detail

Purchased Project		Plot No(s).	
Sale Price		Amount Paid	
Payment Plan (Tick most Appropriate) <input type="checkbox"/> CASH <input type="checkbox"/> INSTALLMENTS (6 MONTHS) <input type="checkbox"/> INSTALLMENTS (12 MONTHS-SIGN DDA FORM)			
N/B For cash buyers, full payment to be made within 7 working days of signing the sales agreement. Any discounts only apply to cash buyers.			
Please indicate payment timelines			
Relationship Manager			

In order to improve our services and grow our relationship with you, our client, please help us by availing this information.

How did you learn of DPM?	
How can we improve on your experience?	

_____ Date

_____ Sign