

# NIGERIAN AIR FORCE HOUSING AND CONSTRUCTION COMPANY LTD



156 Aminu Kano Crescent, Wuse11, Abuja  
Email: info@nafhcc.com

Tel: +234(0)8191836957.  
Website: [www.nafhcc.com](http://www.nafhcc.com)

Passport Photograph

## APPLICATION FOR PURCHASE OF LAND PROPERTY UNDER THE NIGERIAN AIRFORCE POST-SERVICE HOUSING SCHEME KARU LAND NASARAWA STATE

### INSTRUCTIONS

1. Complete this application form in duplicate and pay the sum of **₦10,000:00** into **Acct Name: Nigerian Air Force Housing and Construction Company Ltd** and **Acct No: 1014660044** at any **ZENITH BANK PLC** branch.
2. Retain one copy of the application form along with "Customer's Copy" of the Zenith Bank payment teller.
3. Return the second copy of the application form along with "Control Copy" of the Zenith Bank Ltd payment teller to NAFHCC, Abuja for processing.
4. Companies/Organizations are to attach a copy of Certificate of Incorporation/Registration.

### FOR MILITARY PERSONNEL

5. Name \_\_\_\_\_ 6. Rank \_\_\_\_\_ 7. SvcNo \_\_\_\_\_ 8. Gender \_\_\_\_\_  
 9. Unit \_\_\_\_\_ 10. Date of Birth \_\_\_\_\_ 11. Tel. (Mobile) \_\_\_\_\_  
 12. E-mail \_\_\_\_\_ 13. Signature \_\_\_\_\_ 14. Date \_\_\_\_\_

### FOR CIVILIANS

15. Name \_\_\_\_\_ Title \_\_\_\_\_ 16. Gender \_\_\_\_\_ 17. Date of Birth \_\_\_\_\_  
 18. Address \_\_\_\_\_  
 19. Telephone (Mobile) \_\_\_\_\_ 20. E-mail \_\_\_\_\_  
 21. Signature \_\_\_\_\_ 22. Date \_\_\_\_\_

### FOR COMPANIES/ORGANISATIONS

23. Name \_\_\_\_\_  
 24. Date of Incorporation \_\_\_\_\_ 25. RC No. \_\_\_\_\_  
 26. Address \_\_\_\_\_  
 27. Name of Representative(1) \_\_\_\_\_ 28. Telephone \_\_\_\_\_  
 28. Name of Representative(2) \_\_\_\_\_ 30. Telephone \_\_\_\_\_

### TYPE OF LAND PROPERTY DESIRED *(tick as appropriate)*

- 50 FT x 100 FT  50 FT x 75 FT

### OFFICE USE ONLY

1. File Number \_\_\_\_\_ 2. Key stones Bank Teller No \_\_\_\_\_  
 3. Checked By GM Fin/Admin \_\_\_\_\_ 4. Signature \_\_\_\_\_ 5. Date \_\_\_\_\_  
 6. Confirmed By GM Bus/Proj Dev \_\_\_\_\_ 7. Signature \_\_\_\_\_ 8. Date \_\_\_\_\_  
 9. MD NAFHCC Approval. Approved  Not Approved   
 10. Signature \_\_\_\_\_ 10. Date \_\_\_\_\_