

THE CITY OF MIAMI SUBSCRIPTION FORM

CITY OF MIAMI

SUBSCRIPTION FORM

SECTION 1 : SUBSCRIBER'S DETAILS

Please complete all fields in block letters. Field marked with asterisks (*) are mandatory. Tick boxes where appropriate

NAME*

MR MRS Others MISS Surname Other Name

NAME OF SPOUSE* (If Applicable)

Surname Other Names

ADDRESS*

DATE OF BIRTH* GENDER* MALE FEMALE

MARRITAL STATUS* NATIONALITY*

OCCUPATION EMPLOYER'S NAME

COUNTRY OF RESIDENCE LANGUAGE SPOKEN

EMAIL ADDRESS

TELEPHONE NUMOBILE MOBILE NUMBER*

PAYMENT PLAN : 3 Months 6 Months 9 Months 12 Months

TYPE OF PLOT: Residential Commercial Plot (attracts 20%) Number of Plots PLOT SIZE 300SQM 500SQM

SIGNATURE OF SUBSCRIBER* _____

NAME & SURNAME * _____ DATE* _____

SECTION 2 : NEXT OF KIN

NAME ADDRESS:

PHONE NUMBER

EMAIL ADDRESS

