WESTHILLS RIDGE COMPANY LIMITED
Developers of Eden Heights

WHR/EH 01

APPLICATION FORM (EDEN HEIGHTS)

- We/I hereby apply to purchase an apartment at Eden Heights, Dunkonah, Greater Accra developed by the Westhills Ridge Company Limited.
- Please note that all sections must be completed to be processed into an offer letter. Incomplete application forms will not be processed.
- Any purchaser who is resident outside the shores of Ghana would have the option of appointing a representative with a **POWER OF ATTORNEY** who will be a person resident in Ghana and shall have authority as spelt out in the Power of Attorney to act in respect of the apartment and all matters relating thereto in the same manner as the purchaser.

[PLEASE WRITE NAMES IN FULL AND IN CAPITAL LETTERS]

NAME OF APPLICANT[S]: _____

_____

DATE OF BIRTH (DD/MM/YR):_____

AGE (YEARS) **25-40** ☐ **46-60** ☐ **ABOVE 60** ☐

MARITAL STATUS: **SINGLE** ☐ **MARRIED** ☐ **DIVORCED** ☐ **OTHER** ☐

NATIONALITY: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL: _____

TELEPHONE: _____ **MOBILE:** _____

HOW DID YOU HEAR ABOUT EDEN HEIGHTS? (If referred please indicate name of referrer)

Dale Bryant
_____

***ID TYPE:**

Passport ☐ **Driver's License** ☐ **Ghana Card** ☐ **Voter's ID** ☐

ID NO: _____ **ID Expiry Date:** _____

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APARTMENT TYPE:

1 BEDROOM ☐ **2 BEDROOM** ☐ **3 BEDROOM** ☐

3 BEDROOM [WITH STUDY] ☐ **4 BEDROOM** ☐ **PENTHOUSE(4-BEDROOMS)** ☐

PURPOSE OF PURCHASE:

INVESTMENT ☐ **PERSONAL USE** ☐

PAYMENT OPTION

SELF FINANCING ☐ MORTGAGE ☐

MORTGAGE INSTITUTIONS:

CAL BANK ☐ **REPUBLIC BANK** ☐

STANBIC BANK ☐ **GHL BANK** ☐

OTHER INFORMATION

OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

DESIGNATION/POSITION HELD: _____

OFFICE NUMBER: _____

REPRESENTATIVE (TO BE CONTACTED IN THE EVENT YOU CANNOT BE REACHED):

NAME: ..... **SIGNATURE:**.....

ADDRESS:.....

.....

EMAIL: ..... **TELEPHONE:**.....

_____ _____

SIGNATURE OF APPLICANT[S] **DATE**

***Please attach copy of ID**

WESTHILLS RIDGE
COMPANY LIMITED
Developers of Eden Heights

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FOR OFFICE USE ONLY

CHECKLIST

DATE APPLICATION RECEIVED:_____

CUSTOMER RELATIONSHIP OFFICER: Dale Bryant

VETTING/DOCUMENTATION ADMINISTRATION:_____

AUTHORIZTION/APPROVAL :

_____	_____	_____
MANAGING DIRECTOR	**COUNTER-SIGNATORY**	**DATED**

INTERNAL AUDIT:_____