

This Form is FREE

MCF

Multiple Claimant Form



KADUNA STATE OF NIGERIA
KADUNA GEOGRAPHIC INFORMATION SERVICE

Multiple Claimant Form

For the Preparation of Schedule B

TEMP	Temp Number		KDL	File Number
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Main Claimant (Same as on Application Form):

Full Name: _____

Signature: _____

Date: _____

Day / Month / Year

2nd Claimant Full Name: _____

Phone: _____

Email: _____

TIN/ID Ref: _____

Signature: _____

Date: _____

Day / Month / Year

Identification:

International Passport

National ID Card

Voter Registration Card

Driver's License

3rd Claimant Full Name: _____

Phone: _____

Email: _____

TIN/ID Ref: _____

Signature: _____

Date: _____

Day / Month / Year

Identification:

International Passport

National ID Card

Voter Registration Card

Driver's License

4th Claimant Full Name: _____

Phone: _____

Email: _____

TIN/ID Ref: _____

Signature: _____

Date: _____

Day / Month / Year

Identification:

International Passport

National ID Card

Voter Registration Card

Driver's License

5th Claimant Full Name: _____

Phone: _____

Email: _____

TIN/ID Ref: _____

Signature: _____

Date: _____

Day / Month / Year

Identification:

International Passport

National ID Card

Voter Registration Card

Driver's License

6th Claimant Full Name: _____

Phone: _____

Email: _____

TIN/ID Ref: _____

Signature: _____

Date: _____

Day / Month / Year

Identification:

International Passport

National ID Card

Voter Registration Card

Driver's License

7th Claimant Full Name: _____

Phone: _____

Email: _____

TIN/ID Ref: _____

Signature: _____

Date: _____

Day / Month / Year

Identification:

International Passport

National ID Card

Voter Registration Card

Driver's License



Please read and fill out this form very carefully. Any mistake may cause delay in the processing of your application!



Version 1 (March 2016)