

This Form is FREE



Organisation Stamp

KADUNA STATE OF NIGERIA
KADUNA GEOGRAPHIC INFORMATION SERVICE
Update Form for Organisations

TEMP Temp Number (Fill in CAPITAL LETTERS and tick the appropriate items. DO NOT FOLD this form) KDL File Number

Use this form to update your contact data or any other data related to your application or file.

FOR OFFICIAL USE ONLY

Application Date: Day / Month / Year

Update Type: Contact Data Update Representative Update File/Application Update

BOX 1 APPLICANT

All applicants must complete Box 1 in full. All applicants must submit the original documents used to identify the organisation; they will be copied and returned. The original identification document used to prove identity of the MD/CEO/Chairman must be submitted; it will be copied and returned

Name of Organisation: Corporate Affairs Commission Number (CAC): Date of Registration: TIN: (Tax Identification Number) Phone Email: CEO/MD/Chairman Information Title: First: Middle: Surname: Designation: Phone: Email: Identification: National ID Card International Passport Driver's License Voter Card ID Number

BOX 2 ADDRESS

House No: (7) Street Name: (Ahmadu Bello Road) District: (Sabon Gari) City/Town: (Zaria) State: (Kaduna) Country: (Nigeria) P.O./P.M.B.: (040 Zaria) C/O: Additional Address Information: (G.R.A Res. Estate)

BOX 3 REPRESENTATIVE

Applicants who wish to appoint a new representative must complete Box 3 in full. An original identification document must be used to prove the identity of the representative. It will be copied and returned. Applicants Note: the representative is authorised to submit and receive information and documents pertaining to this file.

First: Middle: Surname: Phone 1: Phone 2: Email: Identification: International Passport National ID Card Voter Registration Card Driver's License ID Number

BOX 4 APPLICATION UPDATE

Applicants who wish to update an application currently being processed should fill box 4 with the necessary details. Updating any completed application is not allowed.

Application Type: Regular Property Registration Systematic Property Registration Regularisation Direct Allocation Recertification (State Title to State Title) Recertification (Customary Title to State Title) Re-Grant

Plot L.G.A. Plot District Improvement Value:

Plot Land Use Plot Land Purpose Time for Development: 36 Months

Plot Description

Size of plot requested: High density (+/- 450sqm) Medium density (+/- 750sqm) Low Density (>750sqm)

BOX 5 PLANNING PERMIT

All applicants must fill in this box.

Have you applied for a planning permit ? Yes

No

If Yes, did you obtain your planning permit ? Yes

No

Planning Permit Number: _____

BOX 6 SIGNATURE

All applicants must affix their signature; the application will not be accepted without signature. In the case of a representative, they must also affix their signature.

CEO/MD/Chairman Signature: _____

Representative Signature: _____