

This Form is FREE

DLA

Development Lease Agreement



KADUNA STATE OF NIGERIA
KADUNA GEOGRAPHIC INFORMATION SERVICE

Organisation
Stamp

DEVELOPMENT LEASE APPLICATION

TEMP	Temp Number	(Fill in CAPITAL LETTERS and tick the appropriate items. DO NOT FOLD this form)	KDL	File Number
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An application processing fee of N250,000 must be paid before or at the point of the submission of this application.

FOR OFFICIAL USE ONLY

Application Date: _____ / _____ / _____
Day / Month / Year

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: _____ / _____ / _____
Day / Month / Year

TIN: _____ (Tax Identification Number) Phone: _____ Email: _____

CEO/MD/Chairman Information

Title: _____ First: _____ Middle: _____ Surname: _____

Designation: _____ Phone: _____ Email: _____

Identification: International Passport National ID Card Voter Registration Card
 Tax Identification Card Driver's License ID Number _____

BOX 2 ADDRESS

All applicants must complete Box 2 in full. This should be your normal business address or headquarters. A utility bill or bank statement in the applicant's name with the business address will be required to verify this 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 representative must complete Box 3 in full. The **original identification document** used to prove the identity of the representative must be produced; it will be copied and returned. *Applicants Note: the representative is authorised to submit and receive information and documents pertaining to this application.*

Title: _____ First: _____ Middle: _____ Surname: _____

Rep. Designation: _____ Phone: _____ Email: _____

Identification: International Passport National ID Card Voter Registration Card
 Tax Identification Card Driver's License ID Number _____

BOX 4 PREFERRED LOCATION, SIZE AND PURPOSE

Applicants must complete Box 4

L.G.A. _____	District _____
Land Use _____	Land Purpose _____
Lot Size _____	<input type="checkbox"/> m ² <input type="checkbox"/> Ha

BOX 5 PROJECT PLAN

All applicants must submit their project plan where they have **36 months** to complete the development of the lot. Failing to submit the project plan would result in pausing the processing of the application.

Project plan submitted? Yes No

BOX 6 INVESTMENT

All applicants must submit their Letter of Intent from their bank failing to submit the project plan would result in pausing the processing of the application.

Investment Value _____	Letter of Intent submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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BOX 7 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: _____
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Any false information or documents submitted will result in prosecution