

This Form is FREE

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Update Form Individuals



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

Please attach
Passport-Sized
Picture if needed

Don't pin the
face!

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

An **Original identification document** must be used to prove identity. It will be copied and returned

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

Gender: Male Female Date of Birth: _____ Occupation: _____

Nationality: _____ State of Origin: _____ Local Gov.: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Email: _____ TIN: _____ (Tax Identification Number)

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

BOX 2 ADDRESS

A **utility bill or bank statement** in the applicant's name with an 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 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

Planning Permit Number: _____

No

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.

Applicant Signature: _____

Representative Signature: _____