

This Form is FREE

# UFO

Update Form Organisation



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

Organisation  
Stamp

<b>TEMP</b>	Temp Number	(Fill in <b>CAPITAL LETTERS</b> and tick the appropriate items. <b>DO NOT FOLD</b> this form)	<b>KDL</b>	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: Day / Month / Year

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

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.

CEO/MD/Chairman Signature: \_\_\_\_\_

Representative Signature: \_\_\_\_\_