



SOBA LOCAL GOVERNMENT COUNCIL MAIGANA, KADUNA STATE

Certificate of Indigenization



This is to Certify that the person whose photograph and particulars appear on this document is an indigene of Soba Local Government Area.

- 1. Name KAMALUDDEN SHUAIBU YAKSAI
- 2a. Father's Name SHUAIBU b. Tribe HAUSA
- c. Father's Home Town YAKSAI
- 3a. Mother's Name SHAMATU b. Tribe HAUSA
- c. Mother's Home Town ZARIA
- 4. Date of Birth 04-04-1995
- 5. Place of Birth ZARIA
- 6. Village YAKSAI
- 7. District YAKSAI

DECLARATION

I, KAMALUDDEN SHUAIBU YAKSAI Solemnly declare that the above information given by me are true and that I should be held responsible if they are found to be false

Signature _____

Fee Paid: ₦ 500.00

Revenue Collector's Receipt No: 0169454

Date: 25/07/2013

No

Signature of Local Government Chairman _____
Date: 30-10-2013

Signature of Ward Head _____

Signature of Village/Ward Head _____

Signature of District Head _____

Signature of Councillor _____