ZARIA LOCAL GOVERNMENT
KADUNA STATE, NIGERIA

Certificate of Indigenization

This is to certify that the person whose photograph appear on this document is an indigene of Zaria

1. **Name** XXXXXXXXXXX ALIYU SALMAN XXXXXXXXXX
2a. **Father's Name** SALMANU ALIYU b. **Tribe** HAUSA
c. **Father's Home Town** ZARIA
3a. **Mother's Name** AISHATU MUHAMMAD b. **Tribe** HAUSA
c. **Mother's Home Town** ZARIA

4. **Date of Birth** XXXX 18/10/2007 XXXX
5. **Place of Birth** NO.224 KWARBAI ZARIA
6. **District** BIRNI & KEWAYE
7. **Village** ZARIA

FUSKAN GABAS
BIRNI DA KEWAYE
ZARIA LOCAL GOVT.

Signature of Village/Ward Head

DECLARATION

I ALIYU SALMAN **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: ₦1000:00

Revenue Collector's Receipt No. 09564

Date: 27/11/21

Signature of District Head

Official stamp
Office the Executive Chairman
Zaria Local Government Area
Sign ..... Date .....

Signature of Local Government Chairman

Date: 29/11/21

№ 0016846