



**ZANGON-KATAF LOCAL GOVERNMENT**  
**ZONKWA, KADUNA STATE.**  
**CERTIFICATE OF INDIGENSHIP**



Holder's Passport

1. Name of Applicant ZAGVAT HATEMBIL TAKEM 7. Village KADIN SAIWA GOMA
2. Father's Name and Tribe KATKABIL (OTAP) 8. Place of Birth KADUNA
3. Mother's Name and Tribe MILKAT (KADUNA) 9. Date of Birth 07/10/2007
4. Father's Home Town KADIN SAIWA GOMA 10. Local Government Area Z/KATAF
5. Mother's Home Town EVARANG 11. State of Origin KADUNA
6. District GOMA 12. Nationality NIGERIAN

**DECLARATION BY APPLICANT: I, ZAGVAT HATEMBIL TAKEM** Solemnly declare that the above information given by me are true that I should be penalized if the information are later found to be false.

**Signature of Applicant**

Date \_\_\_\_\_

Fee Paid ₦4500=

Date 13-8-2025

**Signature of Village Head**

Date 13/08/2025

Revenue Receipt Number 3304500

Date \_\_\_\_\_

**Signature of District Head**

Date 13/08/2025

Signature of Secretary/Chairman  
Zangon-Kataf Local Government

Date 13/08/2025

