JABA LOCAL GOVERNMENT
KADUNA STATE

Certificate Of Indiginization

To Whom It May Concern

(1) Name of Applicant Habila Judith Heme
(2) Father's Name and Tribe Hyakwa Musa Habila/Jaba
(3) Mother's Name and Tribe Ladi Habila/Jaba
(4) Father's Home Town Samban Gida
(5) Mother's Home Town Samban Gida
(6) District Samban
(7) Village Samban Gida
(8) Place of Birth Lagos
(9) Date of Birth 06/06/2006
(10) Local Government Area Jaba
(11) State of Origin Kaduna
(12) Nationality Nigerian

DECLARATION BY APPLICANT I Habila Judith Heme Solemnly declare that the Above information given by me is true and that I should be penalized if the information [illegible] otherwise.

Signature

Date:

Signature of Village Head

Date: 13/8/2019

Fee Paid: Free

Revenue Collector Receipt No:

Date: 7-8-2019

SECRETARY SAMBAN DISTRICT JABA LGA

Signature of Local Govt. Chairman/ Secretary

JABA LOCAL GOVERNMENT

DATE 7-8-2019

Date: