MALUMFASHI LOCAL GOVERNMENT

KATSINA STATE

OFFICE OF THE CHAIRMAN
069-80061, 069-80176

OUR REF: _____
YOUR REF: _____

CERTIFICATE OF IDENTIFICATION/ORIGIN/RESIDENT

This is to certify that

The bearer.....

Is an Indigene/residence of.....

Malumfashi Local Government Katsina State - Nigeria,

He/She was born at.....

.....*Galadima District*

This certificate covers his/her identification
You are requested to give him/her every possible assistance please

SECRETARY
TO THE LOCAL GOVERNMENT
MALUMFASHI

Chairman/Secretary