

SANGA LOCAL GOVERNMENT



CERTIFICATE OF INDIGINIZATION

To whom it may concern

- (1) Name of Applicant AMINA AJI EZEKIEL (7) Village ABU
- (2) Father's Name and Tribe EZEKIEL MUSA/NINZAM (8) Place of Birth _____
- (3) Mother's Name and Tribe CHRISTIANA MUSA/NINZAM (9) Age 6 YEARS
- (4) Father's Home Town ABU (10) Local Government Area SANGA
- (5) Mother's Home Town ABU (11) State of Origin KADUNA
- (6) District NINZAM (12) Nationality NIGERIAN

DECLARATION BY APPLICANT: I AMINA AJI EZEKIEL Solemnly declare that the above information given by me is true and that I should be penalised if the information is later found to be false

[Signature]
Signature of Witness

Signature of Village Head

[Signature]
Signature of District Head

[Stamp]

Date 3-1-2000

Date _____

Date _____

Fee Paid _____

Revenue Collector's Receipt Number _____

[Signature]
Signature of Chairman/DPM
Sanga Local Government Council

Date _____

Date 2-1-2000