



Hon. Commissioner,
 Ministry of Land and Survey,
 P.M.B. 2065,
 Katsina

**KATSINA STATE OF NIGERIA
 APPLICATION FOR STATUTORY RIGHT OF OCCUPANCY**

1. (a) Applicant's full names: _____
 (b) Age Last Birthday: _____
 (c) Composition of Firm or Organization, (Attach particulars): _____

2. Occupation: _____
3. Annual Income (Attach Current Tax Clearance Certificate): _____
4. (a) State of Origin: _____
 (b) Home Town and Local Government (Attach Identification Certificate from L.G.): _____

5. Applicant's
 (a) Contact Address: _____
 (b) Residential Address: _____

6. Local Government Area where land is required: _____
7. Number of developed and undeveloped plots held under statutory Right of Occupancy within the state (Attach Affidavit): _____
8. Purpose for which land is required: _____
9. Sufficient description of Land: _____

10. Value of improvement offered: _____
11. Applicant's source of financing development: _____
12. I hereby declare that all information given above and in the attachments is to the best of my knowledge and belief true and correct.

Date: ____/____/____

Signature of Applicant: _____

NOTES:

- (a) It is an offence to make a false statement or claim on this form. Any Right of Occupancy granted through such false claim is fraudulent and shall result in its revocation.
- (b) The department accepts no responsibility for an application form not properly filled and for which reason such an application is rejected.
- (c) Photostat copy of R.C.R. on which application form fee and none refundable deposit are paid should be attached.