

MULTIPLE-OWNERS



PASSPORT PHOTOGRAPH (2" X 2")

NOTE:
DO NOT put a staple pin over the face region of the photo

FORM AR012-01

NOTE:

- This Form should be completed using CAPITAL LETTERS.

KANO STATE GEOGRAPHIC INFORMATION SYSTEMS (KANGIS)

MINISTRY OF LAND AND PHYSICAL PLANNING KANO STATE

APPLICATION FOR RE-CERTIFICATION OR RE-ISSUANCE OF C-of-O

SECTION A: APPLICATION FOR MULTIPLE-OWNERS (APPLICANTS PERSONAL DETAILS)

Application Date: / /
(Day) (Month) (Year)

APPLICANT 1

NIN:

Surname: Title:

Other Names: /
(First Name) (Middle Name or Initials)

Occupation: Date of Birth: / /
(Day) (Month) (Year)

Nationality: State of Origin:

Gender: Male Female LGA of Origin:

Marital Status: Single Married Divorced Widowed

A1. CONTACT DETAILS OF APPLICANT 1:

Address Line 1:

Address Line 2:

City/Town: State:

Phone No Whatsapp Phone No:

E-Mail Address:

APPLICANT 2

NIN:

Surname: Title:

Other Names: /
(First Name) (Middle Name or Initials)

Occupation: Date of Birth: / /
(Day) (Month) (Year)

Nationality: State of Origin:

Gender: Male Female LGA of Origin:

Marital Status: Single Married Divorced Widowed

A1. CONTACT DETAILS OF APPLICANT 2:

Address Line 1:

Address Line 2:

City/Town: State:

Phone No Whatsapp Phone No:

E-Mail Address:

APPLICANT 3

NIN:

Surname: Title:

Other Names: /
(First Name) (Middle Name or Initials)

Occupation: Date of Birth: / /
(Day) (Month) (Year)

Nationality: State of Origin:

Gender: Male Female LGA of Origin:

Marital Status: Single Married Divorced Widowed

A1. CONTACT DETAILS OF APPLICANT 3:

Address Line 1:

Address Line 2:

City/Town: State:

Phone No Whatsapp Phone No:

E-Mail Address:

APPLICANT 4

NIN:

Surname: Title:

Other Names: /
(First Name) (Middle Name or Initials)

Occupation: Date of Birth: / /
(Day) (Month) (Year)

Nationality: State of Origin:

Gender: Male Female LGA of Origin:

Marital Status: Single Married Divorced Widowed

A1. CONTACT DETAILS OF APPLICANT 4:

Address Line 1:

Address Line 2:

City/Town: State:

Phone No Whatsapp Phone No:

E-Mail Address:

APPLICANT 5

NIN:

Surname: Title:

Other Names: /
(First Name) (Middle Name or Initials)

Occupation: Date of Birth: / /
(Day) (Month) (Year)

Nationality: State of Origin:

Gender: Male Female LGA of Origin:

Marital Status: Single Married Divorced Widowed

A1. CONTACT DETAILS OF APPLICANT 5:

Address Line 1:

Address Line 2:

City/Town: State:

Phone No Whatsapp Phone No:

E-Mail Address: