



KWARA GEOGRAPHIC INFORMATION SERVICE (KW-GIS)

APPLICATION FOR STATUTORY RIGHT-OF-OCCUPANCY

Application Form for Allocation Individuals

Attach Passport
Photo that will be
used for the
C-of-O

Don't pin the
Face!

Application Date: Day / Month / Year

KWL

File Number

Please complete this form. Fill in **CAPITAL LETTERS** and tick the appropriate items. Read Instructions at the back page and refer to full Application Guidelines :

1. Title: First: Middle: Surname:

2. Phone 1: Phone 2: 3. Email:

4. Identification: ☐ Int. Passport ☐ National ID Card ☐ Driver's Lic. ☐ Voter's Card ID No.:

5. Gender: ☐ Male ☐ Female 6. Date of Birth: Day / Month / Year 7. Occupation: 8. No. of Children:

9. Nationality: 10. State of Origin: 11. Local Gov.:

12. Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

13. Religion: ☐ Islam ☐ Christianity ☐ None ☐ Other Specify:

14. Education: ☐ Primary ☐ Secondary ☐ Tertiary ☐ Other Specify:

15. House No.: Street Name: Ward:

Village: City/Town: Local Gov.:

State: Country: P.O. /P.M.B.: C/O:

Additional Information For Address: (opposite of...,near to...)

16. Delivered in Person? ☐ YES ☐ NO If "No", provide the following:

17. Title: First: Middle: Surname:

18. Phone 1: Phone 2: 19. Email:

20. Identification: ☐ Int. Passport ☐ National ID Card ☐ Driver's Lic. ☐ Voters Card ID No.:

21. Plot Size:

22. Village: 25. City/Town: 26. Local Gov.:

23. Additional Address Information:

24. Purpose for which the Land is used / required:
(for appropriate description see below 24a)

25. Write your comment:

Have you, or your spouse, or any company which you may be the CEO / Director of, been the recipient of any government allocated land? ☐ YES ☐ NO

Declaration:

It is a punishable offence to provide any false information and / or make any false statements or claims when completing this form. Where it is subsequently discovered that a Certificate of Occupancy was issued based on false or inaccurate information, the Governor may at his sole discretion, revoke such Certificate of Occupancy. The Governor reserves the right to reject any application form not properly or fully completed and shall not incur any liability for any such rejection. The information you supply on this form is public knowledge and may be published in the media.

☐ I have read and I acknowledge the above declaration.

Applicant Signature: _____

Representative Signature (see Item 16): _____

24 a. Specify the Landuse or the Purpose Clause and copy the description to item 24 above:

☐ **RESIDENTIAL**

- ☐ Private Residential
- ☐ Government Residential
- ☐ Government Housing Estate
- ☐ Palace

☐ **MIXED USE**

- ☐ Commercial - Residential
- ☐ Residential - Industrial

☐ **Gas & Fuel Supply**

- ☐ Gas Plant
- ☐ Petrol Filling Station

☐ **AGRICULTURAL**

- ☐ Agricultural Farmland
- ☐ Plantation
- ☐ Urban Agriculture
- ☐ Ranch
- ☐ Fish Pond
- ☐ Poultry

☐ **Religious**

- ☐ Church
- ☐ Church (Private)
- ☐ Mosque
- ☐ Mosque (Private)
- ☐ Shrine

☐ **COMMERCIAL**

- ☐ Hotel (16 and Above)
- ☐ Hostel
- ☐ Guest House (1-10 Rooms)
- ☐ Guest House (11-15 Rooms)
- ☐ Restaurant / Fast Food
- ☐ Shops
- ☐ Shopping Mall / Plaza
- ☐ Small Shops / Corner Shops
- ☐ Market
- ☐ Supermarket
- ☐ Shopping Complex
- ☐ Office Complex
- ☐ Commercial Bank
- ☐ Housing Estate
- ☐ Microfinance Bank / Cash Centre
- ☐ Cinema / Theatre
- ☐ Carwash(Road Side)
- ☐ Carwash(Modern)
- ☐ Laundry
- ☐ Sports Facility
- ☐ Betting and Lottery
- ☐ Tv or Radiostation
- ☐ Polytechnic
- ☐ University
- ☐ Day Care
- ☐ College of Education

- ☐ Religious School
- ☐ Other Tertiary Institution
- ☐ Laboratory
- ☐ Primary/Secondary School(Public)
- ☐ Primary/Secondary School(Private)
- ☐ Hospital(Public)
- ☐ Hospital(Private)
- ☐ Research Institution
- ☐ Pharmacy
- ☐ Hostel With Shops
- ☐ Motor Park
- ☐ Truck Park / Lorry
- ☐ Clinic
- ☐ Ware House
- ☐ Event Hall
- ☐ Amusement Park
- ☐ Holiday Resort
- ☐ Picnic Area
- ☐ Golf Course
- ☐ Sport Area
- ☐ Night Club
- ☐ Recreational Centre
- ☐ Country Club / Health Farm
- ☐ Medical Laboratory Diagnostic Centre(Private)
- ☐ Medical Laboratory Diagnostic Centre(Public)
- ☐ Other (Vocational,JMB Centre,Computer Centre)

- ☐ Bus Stand
- ☐ Public Parking
- ☐ Telecom Mast / Station
- ☐ Community Hall
- ☐ Local Eatery
- ☐ Private Hall

☐ **PUBLIC UTILITY UNIT**

- ☐ Power Station
- ☐ Sewage Treatment Plant
- ☐ Game Reserve / Zoo
- ☐ Water Treatment Plant
- ☐ Dump Site
- ☐ Play Ground
- ☐ Recycling Facility

☐ **Public Institution**

- ☐ Secretariat(State/Local)
- ☐ Government Institution (Office)
- ☐ Library
- ☐ Court / Jurisdiction
- ☐ Fire Department
- ☐ Barracks
- ☐ Non Governmental Organization

☐ **INDUSTRIAL**

- ☐ Quarry
- ☐ Borrow Pit
- ☐ Mining
- ☐ General Manufacturing
- ☐ Metal or Wood Factory
- ☐ Paper, Chemicals, Textile
- ☐ Stones, Sediment, Ceramics
- ☐ Agro-Allied Industry
- ☐ Showroom (Furniture,Electronics)
- ☐ Pharmaceutical
- ☐ Organized Mechanic Workshop
- ☐ Block Making
- ☐ Meat Packaging/Slaughterhouse
- ☐ Steel Industry
- ☐ Water Packaging, Bottling or Sachet Product
- ☐ Rice Mill
- ☐ Food Processing
- ☐ Feed Mills
- ☐ Sawmill

Referred by : _____

Referee ID : _____

Referee Phone No : _____

Documents to Submit for Application for C-of-O :

1. One passport-sized photograph
2. Photo ID : National ID Card or Int'l Passport **or** Driver's License **or** Voter's Card
3. Current Tax Clearance Certificate
4. Utility bill to verify Applicant's home address
5. Court affidavit and Police Report for lost or stolen documents
6. If using an Authorized Representative, a signed appointment letter and Photo ID is required
7. KW-IRS receipt

Payment

A one-time, non-refundable Processing Charge of N50,000 is required.

Please note that this charge does not automatically grant allocation.

KW-IRS receipt must be submitted together with the completed Application Form.

Completed forms, evidence of payment and documents should be returned to:

KW-GIS Helpline: 0706 669 6401, 0701 356 3921

Email: info@kwgis.org; Web: www.kwgis.org

KW-GIS Office at Commissioner's Lodge Way, G.R.A., Ilorin, Kwara State, Nigeria.