## This Form is FREE and NOT FOR SALE (this Form can be copied)





Organisation Stamp or Seal

KWARA GEOGRAPHIC INFORMATION SERVICE (KW-GIS)

## APPLICATION FOR STATUTORY RIGHT-OF-OCCUPANCY

Application Form for Allocation Organisations

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	e back page and re	fer to full App	olication Guidelines
1. Organization Type: Corporate / Company Institution (Schools, Mosque, Church, Health)	☐ NGO /Civil	Society Org	anisation
2. Name of Organisation:			
3. Registration Number (RC, BN, IT):  4. Date of Registration:  Day Month	/ Year		
6. Phone 1: Phone 2: 7. Email	:		
8. Organization Contact (CEO <b>OR</b> a Director): Designation:	TIN:	Tax Identifi	cation Number
Title: First: Middle:	Surname:		
9. Phone 1: Phone 2: 10. Er	nail:		
11. Identification:  Int. Passport  National ID Card  Driver's Lic.  Voter's Card	ID No.:		
12. Address of Organisation / Company or Headquarter:			
13. House No.: Street Name:	Ward:		
Village City/Town	Local Gov.:		
State: Country: P.O. /P.M.B.:	C/O:		
Additional Address Information: (opposite of,near to)			
14. Delivered in Person? YES NO If "No", provide the Representative details be	elow:		
15. Title: First: Middle:	Surname:		
16. Phone 1: Phone 2: 17. Emai	l:		
18. Identification:  Int. Passport  National ID Card  Driver's Lic.  Voters Card	ID No.:		
19. Plot Size:			
20. Village/Community: 21. City/Town:	22. Local	Gov.:	
23. Additional Address Information:			

24. Purpose for which the Land is used / required:  (for appropriate description see below 24a)							
25. Plot Condition:	Developed	Undeveloped					
26. If developed, Value	of Improvement:						
27. Write any comment:							
Has this organization been the recipient of any government land?							
subsequently discovered the revoke such Certificate of O any liability for any such reje	at a Certificate of Occupancy wa ccupancy. The Governor reserv ection. The information you supp	as issued based on false or in- ves the right to reject any appli oly on this form is public know	accurate information, the Gov ication form not properly or ful	en completing this form. Where it is ernor may at his sole discretion, lly completed and shall not incur n the media.			
☐ I have read and I acknowledge the above declaration.  Organization Representative Signature:							
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)	Jse or the Purpose Clause  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	Religious School  Other Tertiary Institution  Laboratory  Primary/Secondary School(Put Primary/Secondary School(Priv 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	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 (Offi Library Court / Jurisdiction Fire Department Barracks Non Governmental Organiz  Centre(Private)	Food Processing Feed Mills Sawmill			
Shrine	College of Education	Medical Laboratory Diagnostic Other (Vocational, JMB Centre,					
Referred by :	Refe	ree ID :	Referee Phone No	o :			
Documents to Submit for Application for C-of-O:  1. Corporate Seal 2. Corporate Affairs Commission Certificate of Incorporation / Registration 3. Photo ID of the CEO or a Director (and Authorized Representative): National ID Card or Int'l Passport or Driver's license or Voter's Card 4. Tax Clearance Certificate of the Organization 5. Utility Bill to verify Organization's office address 6. Court affidavit and Police Report for lost or stolen documents 7. if using an Authorized Representative, a signed appointment letter and Photo ID is required  8. KW-IRS receipt  Payment A one-time, non-refundable Processing Charge of 50,000 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 Office at Commissioner's Lodge Way, G.R.A., Ilorin, Kwara State, Nigeria.				