



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

Don't pin the
Face!

ZAMFARA GEOGRAPHIC INFORMATION SYSTEM
APPLICATION FOR STATUTORY RIGHT -OF -OCCUPANCY
Application Form for Individuals

Application Date: <u> / / </u>	FILE NO	
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: <u> </u> First: <u> </u> Middle: <u> </u> Surname: <u> </u>		
2. Phone 1: <u> </u> Phone 2: <u> </u> 3. Email: <u> </u>		
4. Identification: <input type="checkbox"/> Int.Passport <input type="checkbox"/> National ID Card <input type="checkbox"/> Drive's Lic. <input type="checkbox"/> Voter' Card ID No.: <u> </u>		
5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 6. Date of Birth: <u> / / </u> 7. Occupation: <u> </u> 8. No of Children: <u> </u>		
8. Nationality: <u> </u> 10. State of Origin: <u> </u> 11. Local Gov.: <u> </u>		
12. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
13. Religion: <input type="checkbox"/> Islam <input type="checkbox"/> Christianity <input type="checkbox"/> None <input type="checkbox"/> Other Specify: <u> </u>		
14. Education: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Other Specify: <u> </u>		
15. Does Applicant reside outside Zamfara State ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Applicant's Residence <input type="checkbox"/> Permanent Family Home		
16. House No.: <u> </u> Street Name: <u> </u> Ward: <u> </u>		
Village: <u> </u> City/Towm: <u> </u> Local Gov.: <u> </u>		
State: <u> </u> Country: <u> </u> P.O. /P.M.B.: <u> </u> C/O: <u> </u>		
Additional Address Information: <u> </u>		
17. Delivered in Person? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", provide the following:		
18. Title: <u> </u> First: <u> </u> Middle: <u> </u> Surname: <u> </u>		
19. Phone 1: <u> </u> Phone 2: <u> </u> 20. Email: <u> </u>		
21. Identification: <input type="checkbox"/> Int. Passport <input type="checkbox"/> National ID Card <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> Voters Card ID No.: <u> </u>		
22. Is the Parcel delineated by Survey Plan ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
23. Is the Applicant the original Land Owner ? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", how did you acquire the Plot and who is the former Owner?		
<input type="checkbox"/> Sales Agreement <input type="checkbox"/> Deed of Conveyance/Assignment/Transfer <input type="checkbox"/> Allocation Letter <input type="checkbox"/> Customary Grant		
<input type="checkbox"/> Deed of Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Letter of Administration <input type="checkbox"/> Other: <u> </u>		
Name of Former Owner: <u> </u>		Date of Transaction: <u> / / </u>
24. Plot Size: <u> </u> Plot Number: <u> </u> Street Name: <u> </u> Ward: <u> </u>		
25. Village: <u> </u> 26. City/ Town: <u> </u> 27. Local Gov: <u> </u>		

28. Additional Address information: _____

29. Purpose for which the Land is used / required:

(for appropriate description see below 29a)

30. Plot Condition: Developed Undeveloped

31. Value of Improvement: _____

32. Lease Term required: _____

33. Write your comment: _____

To your knowledge, is the land parcel the subject of any dispute? 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 may be published in the media.

I have read and I acknowledge the above declaration.

Applicant Signature: _____

Representation Signature (see item 17): _____

29 a. Specify the Landuse or the Purpose Clause and copy the description to item 29 above:

- RESIDENTIAL**
 - Private Residential
 - Staff Quarter / Life Camp
- MIXED USE**
 - Multi-Purpose (Mostly Commercial)
 - Comprehensive Development (Mostly Residential)
 - Special Development
- AGRICULTURAL**
 - Farming
 - Horticulture
 - Poultry
- COMMERCIAL**
 - Hotel
 - Hostel
 - Motel
 - Guest House (hospitality)
 - Restaurant / Fast Food
 - Neighborhood Centra
 - Shopping Mall / Plaza
 - Small Shops / Comer Shops
 - District Market
 - Supermarket
 - Shopping Complex
 - Office
 - Banking /Insurance /Services
 - Warehouse
 - Bakery / Café
 - Plant Nursery
 - Workshop
 - Petrol Filling Station
 - Gas Refilling Station
 - Fuel Depot
 - Garage / Carwash
 - Internet Café
 - Cinema / Theatre
 - Sports Facility
 - Event Centre
- PUBLIC INSTITUTLON**
 - Nursery School
 - Day Care
 - Nursery & Primary School
 - Primary School
 - Secondary School
 - University
 - Research institute
 - Educational Instituion
 - Training / Vocation Cent. College
 - Clinic
 - Hospital
 - Veterinary Clinic
 - Dental Clinic
 - Laboratory
 - Mosque
 - Church
 - Place Of Worship
 - Fire Service
 - Court / Jurisdiction
 - Library
 - Community Centre
- INDUSTRIAL**
 - Quarry
 - Borrow Pit
 - Mining / Minerals
 - General Manufacturing
 - Metal or Wood Factory
 - Paper, Chemicals, Textil
 - Stones, Sediment, Ceramics
 - Water Packaging, Batting
 - Agro-Allied
- PUBLIC UTILITY UNIT**
 - Post Office
 - Power Station/ Subst./ Transformer
 - TV Or Radiostation
 - Water Treatment Plant
 - Dump Site
- TRANSPORTATION**
 - Bus Depot
 - Motor Park
 - Lorry / Trailer Park
- OPEN SPACE / GREEN AREA**
 - Play Ground / Picnic Area
 - Recreation and Holiday Resort
 - Amusement Park
 - Game Reserve / Zoo
 - Sports Area
 - Golf Course
 - Equestrian Centre
 - Country Club / Health Farm
 - Neighborhood Park
 - Recreational Centre
 - Entertainment Complex
 - Cemetery
 - National Memorial Park
 - Local Park
 - District Park
 - Prayer Site

Documents to Submit for Application for R-of-O;

- One passport-sized photograph.
- Photo ID : National ID Card or Intern'l Passport or Driver's Licesnse or Card.
- Land Transfer Documents such as Sales Agreement, Deed of Assignment or Devolution order.
- Survey Plan (Original Copy).
- Evidence of Personal income Tax Clearance Certificate. Applicant can visit Zamfara State Internal Revenue Service or using this link to register <http://zirs.zm.gov.ng>.
- Utility bill to verify Applicant's home address
- Court affidavit, Publication and Police Report for lost or stolen documents; and
- If using an Authorized Representative, a signed letter is required

PAYMENT

The payment is not refundable and shall be through ZAGIS TSA Account with invoice number generated from payzamfara.com

1. FRESH CERTIFICATION					
ZONE A (GUSAU L G ONLY)		ZONE B BUNGUDU, GUMMI, K/NAMODA, SHINKAFI, T/MAFARA, TSAFE		ZONE C & D ANKA, BAKURA, BUKKUYUM, B/MAGAJI, MARADUN, MARU, ZURMI AND OTHER TOWNS.	
Residential	N40,000	Residential	N30,000	Residential	N25,000
Commercial	N100,000	Commercial	N70,000	Commercial	N50,000
Industrial	N150,000	Industrial	N100,000	Industrial	N70,000

2. RE- CERTICATION						
ZONE A (GUSAU L G ONLY)			ZONE B BUNGUDU, GUMMI, K/NAMODA, SHINKAFI, T/MAFARA, TSAFE		ZONE C & D ANKA, BAKURA, BUKKUYUM, B/MAGAJI, MARADUN, MARU, ZURMI AND OTHER TOWNS.	
	EXISTING LETTER OF GRANT	EXISTING C OF O	EXISTING LETTER OF GRANT	EXISTING C OF O	EXISTING LETTER OF GRANT	EXISTING C OF O
Residential	N30,000	N20,000	N25,000	N15,000	N20,000	N10,000
Commercial	N75,000	N50,000	N50,000	N30,000	N30,000	N20,000
Industrial	N110,000	N70,000	N75,000	N70,000	N55,000	N40,000

Completed forms, evidence of payment and documents can be returned to :ZAGIS Service Centre Gusau.

ZAGIS Helpline: +234 814000248, +234 8023800027, +234 7010004310, +234 913999825