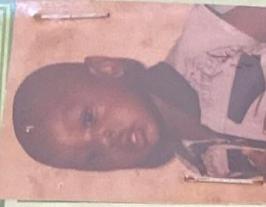




ZARIA LOCAL GOVERNMENT  
KADUNA STATE, NIGERIA.

## Certificate of Indigenization

This is to Certify that the person whose photograph and particulars appear on this document is an indigene of Zaria Local Government



1. Name	<u>Babatunde</u>	2a. Father's Name	<u>Mustapha</u>	3a. Mother's Name	<u>Tayyabu</u>	4. Date of Birth	<u>3/3/2009</u>	5. Place of Birth	<u>Hausa</u>	6. District	<u>Afka</u>
c. Father's Home Town	<u>Zaria</u>	c. Mother's Home Town	<u>Zaria</u>	DEclaration	I Solemnly declare that the above information given by me are true and that I should be held responsible if they are found to be false.						
Signature _____ Fee Paid: <u>N 500.00</u>											
Revenue Collector's Receipt No. <u>977825</u>											
Date: <u>14/7/05</u>											
N° <u>005063</u>											
Signature of Local Government Chairman											
Date: _____											

DAN-SAN ZAZAU  
Signature of District Head

ZARIA LOCAL GOVERNMENT

11/89  
Signature of Village Ward Head  
11/89  
TUKUF TUKUF DISTRICT, ZARIA  
LOCAL GOVERNMENT