



KWARA STATE INDIGENE CERTIFICATE APPLICATION FORM

Form Number: 422425-1692803210

Date: 23/08/2023 at 4:06pm

Payment Status: Paid

Phone Number: 08096642065

Verify form number at

<http://forms.irs.kw.gov.ng/verify>.

Full Name of Candidate

Said Abdulsalam

Date of Birth

10/02/1995

Place of Birth

minna

Home Town

Kwara

Local Government Area

Offa

Father's Information

Father's Name

Abdulsalam

Father's Place of Birth

minna

Father's Home Town

offa

Father's Compound

isale ago

Father's Ward/District

OJOMU NORTH/NORTH WEST WARD

Father's Local Government Area

offa

Mother's Information

Mother's Name

Hamdat

Mother's Maiden Name

Abdulsalam

Mother's Place of Birth

minna

Mother's Home Town

offa

Mother's Compound

oya folu (ologbolo)

Mother's Ward/District

ESSA C

Mother's Local Government Area

offa

Name of Ward Community Development Assoc. Officer

Signature & Date

Name of Ward Head / Traditional Ruler

Signature & Date

Name of Citizenship Committee Chairman

Signature & Date

Name of Ward Councillor

Signature & Date