



No. KSLG/ADM/2064

## KADUNA SOUTH LOCAL GOVERNMENT

### Certificate of Indigenization

*To whom it may concern*

1. Name of Applicants..... GABRIEL SAMUEL  
2. Father's Name and Tribe..... SAMUEL ABUI - KATAF  
3. Mother's Name and Tribe..... RAKIYA SAMUEL - KATAF  
4. Father's Home Town..... KADUNA  
5. Mother's Home Town..... KADUNA  
6. District..... TELEVISION  
7. Village..... TELEVISION  
8. Place of Birth..... TELEVISION  
9. Age..... 17 YEARS  
10. Local Government Area..... KADUNA SOUTH  
11. State of Origin..... KADUNA  
12. Nationality..... NIGERIAN

**DECLARATION BY APPLICANT:** I GABRIEL SAMUEL  
Information giving by me is true and that I should be penalised if the information is later found to be false. Solemnly declare that the above



Signature of Applicant

Date 21-12-2002



Signature of Village Head

Date 21-12-2002



Signature of District Head

Date 21-12-2002

Fee Paid..... Revenue Collector's Receipt Number.....

Date 21-12-2002

Signature of Secretary / Chairman Kaduna South Local Government Council

Date 21-12-2002