

ALHA FORM I

LAGOS STATE GOVERNMENT AGRICULTURAL LAND HOLDINGS AUTHORITY

Affix
Recent
Passport-size
Photograph or Seal in
case of company

FOR OFFICIAL USE ONLY	
Application Processing	
Fee:	
Receipt No:	
Date:	
Remarks:	

APPLICATION FOR AGRICULTURAL LAND

1. Full Name	of Appl	icant:				
2. Address:	(i)	Business:				
	(ii)	Home (if Applicable):				
	Tel:		Fax	E-mail:		
3. Whether P	rivate In	dividual/Compa	ny/Group/Co-ope	rative:		
. (a) State part	culars o	f Directors or M	embers or individ	ual applicant(s) - to be completed by		
Na	Name		Age	Professional/Occupation	Nationality and State of Origin	
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Fauity	Darticin	ation of Nigaria	a/Familian Danta	s (if applicable)	The second secon	

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5.	(a) Size of Land required no I
	(b	
		(i)
		(ii)
		(iii) :
6.	Ту	pe of Agricultural Activities proposed
		immary of Proposal
	••••	
7.	Es	timated Cost of Projects
8.	30	urce of Finance
9.	Ma	anagement Capability (Professional staff available, if any)
	••••	
10	•••••	
10.	. Iei	rms Preferred:
	(i)	Partnership with Government
	(ii)	Yes/No
11.	Has	Period of Lease Required
11.	(a)	s applicant other farmlands?
	(a)	If Yes, Where? (Address of Farmland)
	(b)	Size
	(c)	Size
	(d)	Type of Activity Date of Commencement
	(e)	Date of Commencement
7/4 77-7	(f)	Source of Finance.
12.	Oth	er Relevant Activity (if any)
13.	Info	
13.		rmation on other State Land owned by Applicants:
	(i)	Location(s)
	(ii) (iii)	
	(iii)	
	(iv)	
	(v)	Whether Developed or Undeveloped

14.	Has	Government acquired any property from you or your Family within Lagos State? If so, give details:
	(a)	Location
	(b)	Size
	(c)	Date of Acquisition
	(d)	Acquiring Authority
	(e)	Whether or not compensation has been paid
15.	(a)	I/We agree that the acceptance of this application does not guarantee that the Government will offer me/us a plot of land and that the Government may reject the application without giving any reason for so doing.
	(b)	I/We agree that if offered a plot and I/We accept the offer, I/We must pay the full approved Charges within 90 days of the date of offer.
	(c)	I/We agree to commence Agricultural Operations on the Land within 3 months (except where otherwise permitted by the State Governor) of its being allocated to me/us and I/We will not sublease, transfer or assign the plot or any part thereof without written consent of the Governor of Lagos State. A lessee shall not assign, sublet, change the use of, or part with the demised property without the previous written consent of the Governor. In the event of any sale of property, the Lagos State Government shall be given the first offer to purchase the property.
	(d)	I/We agree that in the event of my/our not complying with these conditions, the allocation may be withdrawn from me/us without notice, or if a Certificate of Occupancy has been executed, the allocation may be duly revoked.
	(e)	I/We agree that the Lagos State Government is at liberty to verify the correctness of the information given here.
16.	Con	ditions which must be complied with: Applicants are required to submit two (2) copies of recent passport-size photographs, one of these should be certified as being a true likeness of the applicant by Officer above GL 12 or a Clergy Man affixed one to the forms before the declaration.
	(ii)	The declaration in respect of this application must be sworn to by ALL applicants before either a Magistrate, Justice of the Peace, a Commissioner for Oaths or a Notary public and declarant/applicants, should note that falsity of this declaration is a criminal offence.
	(iii)	The completed application forms with the passport-size photographs should be forwarded to the General Manager, Agricultural Land Holdings Authority, Alausa, Ikeja.
	(iv)	Applications may not be considered unless they comply with all the requirements above. Incorrect filling of forms may lead to automatic disqualification.
	(v)	Other conditions of Agricultural Land Ownership and assignment or sublease on Government Lands are to be generally in line with the policy of the Lagos State Government and the Land Laws in operation is the Lagos State.
17.	Decl	aration (To be sworn to by Applicant)
	I/We	(Full Names)
	of	
		(Address)
	or its	I,ereby solemnly and faithfully declare and say that the information given on this application form is correct to the of my/our knowledge and belief and I/We hereby solemnly undertake to surrender to the Lagos State Government is Agents any parcel of land that may be allocated to me/us in response to this application at the end of the chold period or at any other time, if it is discovered that the information given is not correct and IF THE USE IS ITRARY TO THE PROVISION FOR WHICH IT IS GIVEN, I understand that no liability will be entertained in the tof forfeiture.
		Signature(s) Mark(s) of Applicant
	٠	Sworn to at
	this	day of20

ILLITERATE The foregoing having been read over to the illiterate Applicant(s). Name: in the......Language by the Interpreter. Mr/Mrs/Miss.... When he/she/they seemed perfectly to understand the purpose of the same before affixing his/her/their left thumb impression/impressions. Commissioner for Oaths/Notary Public/Magistrate/Justice of the Peace Particulars to be submitted (on submission of application form): Photocopy of Certificate of Incorporation/Registration and Memorandum and Articles of Association where applicable. (2)Two copies of Certified passport-size photographs or seal in the case of company. (3)Three years Tax Clearance Certificate(s) of the applicant(s) including the Directors of the Company. (4)Photocopy of the receipt for the purchase of application form. (5)Two copies of feasibility study, if available. OFFICE USE ONLY APPLICATION FEE: RECEIPT NO.: DATE: PERIOD OF LEASE:

REMARKS: