

SEYI OGUNDIMU FOUNDATIONS

2025 CHRISTMAS FOOD SUPPORT PROGRAMME

Beneficiaries Acknowledgement Form

SECTION A: State & Location Details

State:	
LGA:	
Community / Town / Ward:	
Distribution Centre / Venue:	
Date:	____/____/2025

SECTION B: Beneficiary Details

Full Name:	
Phone Number:	
Residential Address:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age Bracket:	<input type="checkbox"/> <18 <input type="checkbox"/> 18–35 <input type="checkbox"/> 36–55 <input type="checkbox"/> 56+
ID Provided:	<input type="checkbox"/> Voter's Card <input type="checkbox"/> NIN Slip <input type="checkbox"/> Community ID <input type="checkbox"/> Other
ID Number:	

SECTION C: Items Received

Rice (5 kg)	1 <input type="checkbox"/> Yes
Vegetable Oil (1 Litre)	1 <input type="checkbox"/> Yes
Golden Penny Spaghetti (500 g)	4 Packs <input type="checkbox"/> Yes
Tomato Paste Sachets	5 Sachets <input type="checkbox"/> Yes
Other:	_____ <input type="checkbox"/> Yes

SECTION D: Beneficiary Confirmation

Confirmation:	<input type="checkbox"/> I confirm receipt of all listed items
Signature / Thumbprint:	
Date:	____/____/2025

SECTION E: Official Use Only

Distribution Supervisor:	
Supervisor Signature:	
State Team Code:	
Batch / Package Code:	
Verification Officer:	
Verification Signature:	

SECTION F: Photo Confirmation (Optional)

Photo Taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Captured By:	
Time:	