



BENUE STATE GEOGRAPHIC INFORMATION SERVICE

Please attach
1 Passport
Picture for your C-
of-O
here carefully at
the Edge of the
Photo.
Don't pin the
Face!

RECERTIFICATION AND ISSUANCE OF NEW CERTIFICATE-OF-OCCUPANCY Application Form for Individuals

(Please complete this form. Fill in CAPITAL LETTERS and tick the appropriate items. Read Instructions at the back page and refer to full Application Guidelines.)

File Number: _____

Date: Day / Month / Year

Section 1 APPLICANT DETAILS

Title:	First:	First Name	Middle:	Middle Name	Surname:	Family Name																					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Day / Month / Year	Occupation:	No. of Children:																					
Nationality:	State of Origin:		Local Gov.:																								
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed																						
Religion:	<input type="checkbox"/> Christianity	<input type="checkbox"/> Islam	<input type="checkbox"/> None	<input type="checkbox"/> Other	specify: _____																						
Education:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Other	specify: _____																						
House No:	8	Street Name:	(Beach Road)	Ward:	(Wailwayo)																						
Village/Community:	(High Level)	City/Town:	(Makurdi)	L.G.A:	(Guma)																						
State:	(Benue)	Country:	(Nigeria)	P.O./P.M.B.:	(1111)	C/O:																					
Additional Address Information:						(Airforce Base Makurdi)																					
Phone 1:	Phone 2:		ID No:	Passport, Nat. ID, Driver Lic., Voters Card																							
TIN:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							Email:	_____		

Section 2 NEXT OF KIN DETAILS

Next of Kin Title:	First:	First Name	Middle:	Middle Name	Surname:	Family Name
Date of Birth:	Phone:	Relationship:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Full Address: _____						

Section 3 REPRESENTATIVE DETAILS

Delivered in Person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No" give name and phone of Representative.	Phone:	_____	
Title:	First:	First Name	Middle:	Middle Name	Surname:	Family Name
Full Address _____						

Section 4 DOCUMENTATION

Proof of Ownership:	<input type="checkbox"/> C of O (old type)	<input type="checkbox"/> Offer Letter	<input type="checkbox"/> Ground Rent Demand	<input type="checkbox"/> Digital C of O		
Parcel Delineation:	<input type="checkbox"/> the Parcel is delineated by:	<input type="checkbox"/> Survey Plan	<input type="checkbox"/> Survey Data / Coordinates	<input type="checkbox"/> Site-Plan	<input type="checkbox"/> TDP	
<input type="checkbox"/> the Parcel is <u>NOT</u> delineated and a Property Identification is needed for my TDP (Obtain a Property Identification Form)						
Is the Applicant the original Land Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No" how did you acquire the Plot and who is the former Owner?			
<input type="checkbox"/> Sales Agreement	<input type="checkbox"/> Deed of Conveyance/Assignment/Transfer	<input type="checkbox"/> Allocation Letter	<input type="checkbox"/> Customary Grant			
<input type="checkbox"/> Deed of Gift	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Letter of Administration	<input type="checkbox"/> Other:			
Name of Former Owner:	_____			Date of Transaction:	Day / Month / Year	

Please read and fill out this form very carefully. Any mistake may cause delay in the processing of your application!

Plot Size: (in Sq.m) _____ Plot No.: (if applicable) _____ Street Name: _____ Ward: _____

Village/Community: _____ City/Town: _____ L.G.A.: _____

Additional Address Information: _____

Purpose for which the Land is used / required:
(for appropriate description see below Section 6) _____

Plot Condition: Developed Undeveloped

Value of Improvement: _____ Lease Term required: _____

Write your comment: _____

Section 5 DECLARATION

It is a punishable offence to provide any false information and / or make any false statements or claims when completing this form. Where it is subsequently discovered that a Certificate of Occupancy was issued based on false or inaccurate information, the Governor may at his sole discretion, revoke such Certificate of Occupancy. The Governor reserves the right to reject any application form not properly or fully completed and shall not incur any liability for any such rejection. The information you supply on this form is public knowledge and may be published in the media.

I have read and I acknowledge the above declaration

Applicant Signature: _____ Representative Signature: _____

Section 6 LANDUSE DESCRIPTION

Specify the Landuse or the Purpose Clause and copy the description to Section 4 :

RESIDENTIAL

- Private Residential
 Staff Quarter / Life Camp

MIXED USE

- Multi-Purpose
 Special Development
 Residential Estate

AGRICULTURAL

- Farming
 Horticulture

COMMERCIAL

- Commercial Housing Estate
 Hotel
 Hostel
 Motel
 Guest House (Hospitality)
 Restaurant / Fast Food
 Neighbourhood Centre
 Shopping Mall / Plaza
 Small Shops / Corner Shops
 District Market
 Supermarket
 Shopping Complex
 Office
 Banking /Insurance /Services
 Warehouse
 Bakery / Café
 Plant Nursery
 Workshop
 Petrol Filling Station
 Gas Refilling Station
 Fuel Depot
 Garage / Carwash
 Internet Café
 Cinema / Theatre
 Sports Facility

INSTITUTIONAL

- Nursery School
 Day Care
 Nursery & Primary School
 Primary School
 Secondary School
 University
 Research Institute
 Educational Institution
 Training / Vocation Cent. / College
 Clinic
 Hospital
 Veterinary Clinic
 Dental Clinic
 Laboratory
 Fire Service
 Court / Jurisdiction
 Library
 Community Centre
 Government Office

INDUSTRIAL

- Quarry
 Borrow Pit
 Mining / Minerals
 General Manufacturing
 Metal or Wood Factory
 Paper, Chemicals, Textil
 Stones, Sediment, Ceramics
 Water Packaging, Bottling
 Agro-Allied

PUBLIC UTILITY UNIT

- Post Office
 Power Station/ Subst./ Transformer
 TV Or Radiostation
 Water Treatment Plant
 Dump Site

TRANSPORTATION

- Bus Depot
 Motor Park
 Lorry / Trailer Park

OPEN SPACE / GREEN AREA

- Play Ground / Picnic Area
 Recreation and Holiday Resort
 Amusement Park
 Game Reserve / Zoo
 Sports Area
 Golf Course
 Equestrian Centre
 Country Club / Health Farm
 Neighbourhood Park
 Recreational Centre
 Entertainment Complex
 Cemetery
 National Memorial Park
 Local Park
 District Park
 Prayer Site

RELEGIOUS

- Church
 Mosque
 Place Of Worship
 Government Place Of Worship

Documents to submit according to type of Individual	
One Passport sized photograph	Required
Copy of National ID Card or Int.Passport or Driving License or Voters Card	Required
Evidence of Tax Payment or Current Tax Clearance Certificate	Required
Survey Map or TDP or Coordinates or Site Plan	Required
Sales Agreement or Deed of Conveyance/Assignment/Transfer or Allocation Letter or Customary Grant or Deed of Gift or Inheritance Document or letter of administration	Required
Site Inspection Report	Optional
Utility Bill	Required
Court Affidavit (for lost or stolen documents)	Required
Surrender C-of-O / copy of R-of-O	Required

PAYMENT

The Amount Includes the Application Processing Fee **NGN 10,000**

You are expected to pay this amount or any other bill by coming to BENGIS Service Centre where a Remita Reference Number (RRR) code will be generated for you, then you are to pay into any Commercial Bank using the RRR code.

The Payment is non Refundable.

BENGIS Helpline: 0708 234 0822 or 0913 112 0111

Email: info@benuegis.org; Web: www.benuegis.org

Completed forms, evidence of payment and documents should be returned to: BENGIS Office at Beach Road, PMB 102040, Makurdi, Benue State, Nigeria.

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