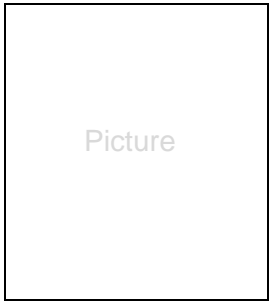




AFFIDAVIT



Date: Day / Month / Year

Kaduna State, Nigeria

Claim of Legal Guardian

First Name

Middle Name

Surname

I, Do hereby attest to being the legal guardian of:

First Name

Middle Name

Surname

Who being under 21 years and Ward of the claimant cannot exercise their right to occupancy of land and buildings at:

No. Street Name

Ward

LGA

District

Village

Or otherwise described as

Description of location

Endorsement by Ward/Village/District Head/Chairman, Local Government Authority/Member, State House of Assembly, recognising the claimant as legal guardian:

First Name

Middle Name

Surname

Ward/Village/District/LGA

Officer Number

Signature

And I make this oath in good faith believing the contents to be true and in accordance with the Oaths Act of Nigeria 2004

Sworn at the Registry this day of20..

BEFORE ME

Signature

Signature

Commissioner of Oaths

Deponent