



APPLICATION FOR STATUTORY RIGHT-OF-OCCUPANCY
Application Form for Organisations

Organisation
Stamp

Application Date: _____ Day / _____ Month / _____ Year	EDL	File Number
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.		
1. Organization Type: <input type="checkbox"/> Corporate / Company <input type="checkbox"/> Institution (Schools, Church, Health) <input type="checkbox"/> NGO /Civil Society Organisation		
2. Name of Organisation: _____		
3. Registration Number (RC, BN, IT): _____ 4. Date of Registration: _____ Day / _____ Month / _____ Year 5. Local Gov.: _____		
6. Phone 1: _____ Phone 2: _____ 7. Email: _____		
8. Organization Contact (CEO OR a Director): Designation: _____ TIN: _____ <small>Tax Identification Number</small>		
Title: _____ First: _____ Middle: _____ Surname: _____		
9. Phone 1: _____ Phone 2: _____ 10. Email: _____		
11. Identification: <input type="checkbox"/> Int. Passport <input type="checkbox"/> National ID Card <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> Voter's Card ID No.: _____		
12. Address of Organisation / Company or Headquarter:		
13. House No.: _____ Street Name: _____ Ward: _____		
Village _____ City/Town _____ Local Gov.: _____		
State: _____ Country: _____ P.O. /P.M.B.: _____ C/O: _____		
Additional Address Information: _____		
14. Delivered in Person? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", provide the following:		
15. Title: _____ First: _____ Middle: _____ Surname: _____		
16. Phone 1: _____ Phone 2: _____ 17. Email: _____		
18. Identification: <input type="checkbox"/> Int. Passport <input type="checkbox"/> National ID Card <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> Voters Card ID No.: _____		
19. Is the parcel delineated by Survey Plan ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
20. Is the applying Organisation 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
21. Plot Size: _____ 22. Plot Number: (if applicable) _____ 23. Street Name: _____ 24. Quarter: _____		
25. Village/Community: _____ 26. City/Town: _____ 27. Local Gov.: _____		
28. Additional Address Information: _____		

29. Purpose for which the Land is used / required:
(for appropriate description see below 29a)

30. Plot Condition: Developed Undeveloped

31. Value of Improvement: _____

32. Lease Term required: _____

33. Write any comment: _____

To your knowledge, is the land parcel the subject of any dispute? YES NO

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.

Organization Representative Signature: _____

29 a. Specify the Landuse or the Purpose Clause and copy the description to item 21 above :

RESIDENTIAL

- Private Residential
- Staff Quarter / Life Camp

MIXED USE

- Multi-Purpose (Mostly Commercial)
- Comprehensive Development (Mostly Residential)
- Special Development

AGRICULTURAL

- Farming
- Horticulture

COMMERCIAL

- 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
- Event Centre

PUBLIC INSTITUTION

- 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
- Church
- Mosque
- Place Of Worship
- Fire Service
- Court / Jurisdiction
- Library
- Community Centre
- State Government Office
- Federal Government Office
- Morgue

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

Documents to Submit for Application for R-of-O :

1. Corporate Seal
2. Corporate Affairs Commission Certificate of Incorporation / Registration
3. Photo ID of the CEO **or** a Director (**and** Authorized Representative) :
National ID Card **or** Intern'l Passport **or** Driver's license **or** Voter's Card
4. Land Transfer Documents such as Sales Agreement **or** Deed of Transfer **or** Inheritance Document
5. Survey Plan
6. Evidence of tax payment **or** Tax Clearance Certificate for the Organization **and** personal income tax **or** current Tax Clearance Certificate for the CEO **or** a Director
7. Utility Bill to verify Organization's office address
8. Court affidavit and Police Report for lost or stolen documents
9. if using an Authorized Representative, a signed appointment letter and Photo ID is required
10. Bank Teller receipt for ₦ 50,000 Processing Charge
11. Site Inspection Report **Optional**

Payment

A one-time, non-refundable Processing Charge of ₦50,000 is required.

The charge must be paid to **ACCESS BANK**, Account Number **0777515446**

The bank teller receipt must be submitted together with the completed Application Form.

Completed forms, evidence of payment and documents should be returned to:

EDOGIS Office at 102 Sapele road, Benin City, Edo State, Nigeria.

EDOGIS Helpline: 0813 614 9787 or 0815 661 1097

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