

CHANGE OF INFORMATION FORM

INFORMATION

Please complete all fields in **BLOCK LETTERS**.

ESTATE SCHEME*

NO OF PLOT*

SIZE OF PLOT*

DATE*

CURRENT NAME*

Mr. Mrs. Miss. Others

Surname

Other Names

NEW NAME*

Mr. Mrs. Miss. Others

Surname

Other Names

RESIDENTIAL ADDRESS*

STATE*

COUNTRY OF RESIDENCE* NIGERIA

OTHERS (SPECIFY)

EMAIL ADDRESS*

PHONE NUMBER*

CURRENT NEXT OF KIN

NAME*

Mr. Mrs. Miss. Others

Surname

Other Names

RESIDENTIAL ADDRESS*

EMAIL ADDRESS*

PHONE NUMBER*

NEW NEXT OF KIN

NAME*

Mr. Mrs. Miss. Others

Surname

Other Names

RESIDENTIAL ADDRESS*

EMAIL ADDRESS*

PHONE NUMBER*

I hereby affirm that all information provided as a replacement to the existing one is true and false or inaccurate information given by me may result in the decline of my application

SIGNATURE* _____

DATE* _____