



MINISTRY OF LANDS AND SURVEY

EBONYI LANDS INFORMATION MANAGEMENT SYSTEM

Company name: _____

RC Number: _____

Date of Incorporation: _____

Address: _____

Postal Address: _____

Office Phone Numbers: _____

TIN: _____

Email: _____

COMPANY DIRECTORS & SECRETARY

Director 1:

Passport with
white
background.

Name: _____

Phone Number: _____

Email: _____

Signature: _____

Director 2:

Passport with
white
background.

Name: _____

Phone Number: _____

Email: _____

Signature: _____

Secretary:

Passport with
white
background.

Name: _____

Phone Number: _____

Email: _____

Signature: _____

FOR OFFICIAL USE ONLY

Officers Name: _____

Date: _____

Signature _____



MINISTRY OF LANDS AND SURVEY

EBONYI LANDS INFORMATION MANAGEMENT SYSTEM

Passport with
white
background.

Title:

First name:

Middle name:

Surnames:

Date of Birth:

Gender:

State Origin:

Local Govt. A:

Contact Address:

Postal Address:

City:

Country:

Tax id:

Email:

Telephone 1:

Telephone 2:

Mandate Signature Specimen:

FOR OFFICIAL USE ONLY

Officers Name:

Date:

EBL RC:

Signature