



MINISTRY OF AGRICULTURE

OGUN STATE OF NIGERIA

Affix a Passport
Photograph

APPLICATION FORM FOR ALLOCATION OF LAND FOR AGRICULTURAL AND AGRO-ALLIED PROJECTS

APPLICATION NO:.....

1. NAME OF APPLICANT.....
2. APPLICATION FORM RECEIPT NO.....
3. NATIONALITY..... STATE..... GSM.....
4. LOCAL GOVERNMENT AREA (IF NIGERIAN).....
5. CONTACT ADDRESS.....
6. E-MAIL.....
7. STATE DATE COMPANY WAS INCORPORATED (IF CORPORATE).....
8. HECTARAGE OF LAND REQUEST FOR.....
 - a. MINIMUM.....
 - b. MAXIMUM.....
9. PREFERRED LOCATION AND L.G.A.....
10. CAN YOU TAKE LAND FROM OTHER PART OF THE STATE?
11. NATURE OF AGRICULTURAL PROJECT (STATE WHETHER CROPPING, LIVESTOCK, AGRO-INDUSTRY OR COMBINATION OF SOME OR ALL).....
12. IF CROPS OR LIVESTOCK, MENTION TYPE.....
13. DO YOU HAVE ANY FARMING EXPERIENCE AND NUMBER OF YEARS?
14. DO YOU HAVE A PROJECT PROPOSAL OR FEASIBILITY STUDY FOR THE PROJECT?
15. ESTIMATED COST OF PROJECT.....
16. PROJECT YIELD OR INCOME PER ANNUM.....
17. HOW DO YOU INTEND TO FINANCE THE PROJECT (ATTACHMENT OF A CERTIFICATE OF MEANS WILL BE BENEFICIAL).....
18. HAVE YOU BENEFITTED FROM THE AGRICULTURAL LAND ALLOCATION SCHEME IN OGUN STATE?
19. IF YES, WHERE, WHEN AND SIZE OF LAND
20. I/WE AGREE THAT THE ACCEPTANCE OF THIS APPLICATION IS NOT A GUARANTEE THAT AGRICULTURAL LAND WILL BE ALLOCATED TO ME/MY COMPANY

DATE.....

SIGNATURE.....