



MINING CADASTRE

WATER USE PERMIT APPLICATION N°

I – RELATED TITLE ON WHICH THE PERMIT IS REQUESTED

Number <input type="text"/> *	Remark
Type <input type="text"/> *	<input style="width: 100%; height: 100%;" type="text"/>
Number of cadastral unit(s) <input type="text"/> *	
Period of the WUP requested Only if different from the related title	
From <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	To <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY

II – LOCATION OF WUP

States <input type="text"/> *	LGAs <input type="text"/> *	Topo sheet(s) <input type="text"/> *
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

III – APPLICANT'S IDENTIFICATION

BODY CORPORATE CO-OPERATIVE INDIVIDUAL *

Full name			Registration No *		
			ID card No * if any		
Address	Street / Road *			No *	P.O. Box
	City / Town *			Zip	
	State *				
	LGA *				
	Country of origin				
Communication	Telephone *				
	Fax *				
	Mobile *				
	Email *	<input type="text"/>			
	Web site	<input type="text"/>			

IV – REPRESENTATIVE

Full name			ID card No * if any		
Address	Street / Road *			No *	P.O. Box
	City / Town *			Zip	
	State *				
	LGA *				
Communication	Telephone *				
	Fax				
	Mobile *				
	Email *	<input type="text"/>			
	Web site	<input type="text"/>			

⊖ To be filled in by the Mining Cadastre Officer - Application submitted in 3 copies
* Mandatory information

PLEASE USE CAPITAL LETTERS ONLY

