

APPENDIX D SURVEY FORMS

- D1 LAND SURVEY FORM**
- D2 RECTIFICATION APPLICATION FORM**
- D3 VALUATION FORM**

D1 SURVEY FORM

	INITIALS
ENUMERATOR	
QUALITY CHECK	
DATA BASE ENTRY	
SCANNED AND STORED	

FORM A: LAND SURVEY FORM

NAME OF SITE..... PAP REFERENCE NUMBER

DATE:/...../2018	LC CELL/ VILLAGE:	SUB COUNTY	DISTRICT
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SECTION A. OWNERSHIP DETAILS			
NAME OF LAND OWNER(S)		CONTACT DETAILS	
TYPE OF ID		ID NUMBER	
NAME OF SPOUSE(S)		CONTACT DETAILS	
NATURE OF OWNERSHIP (Tick appropriate)	1. Mailo <input type="checkbox"/> 2. Leasehold <input type="checkbox"/> 4. Freehold <input type="checkbox"/> 5.0 Customary <input type="checkbox"/>	3. Tenant(Kibanja) <input type="checkbox"/> 4. Licensee <input type="checkbox"/>	
PLOT DETAILS (If Applicable)	PLOT NUMBER	BLOCK NUMBER	COUNTY:

SECTION B. LAND AREAS DETAILS		
DESCRIPTION	SIZE(SQUARE METERS)	SIZE(ACRES)
TOTAL LAND SIZE OWNED BY PAP		
TOTAL AREA AFFECTED		
PERCENTAGE OF TOTAL LAND AFFECTED		
RESIDUAL LAND		
AFFECTED LAND WITH TENANTS		
AFFECTED LAND WITHOUT TENANTS		

SECTION C. KIBANJA OWNERS ON AFFECTED LAND			
NO	NAME OF KIBANJA OWNER	PAP REFERENCE NUMBER	AFFECTED LAND AREA (ACRES)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

SECTION G: ACKNOWLEDGEMENT AND SIGNATURE		
I agree with the survey of the contractor and hereby sign as evidence that I was present during the survey exercise.		
NAME	SIGNATURE	RIGHT THUMB FINGER PRINT
FULL NAME OF LAND OWNER		
FULL NAME OF SPOUSE		
FULL NAME OF NEIGHBOUR 1		
FULL NAME OF NEIGHBOUR 2		
FULL NAME OF NEIGHBOUR 3		
FULL NAME OF NEIGHBOUR 4		
FULL NAME OF NEIGHBOUR 5		
FULL NAME OF NEIGHBOUR 6		
FULL NAME OF NEIGHBOUR 7		
FULL NAME OF NEIGHBOUR 8		
FULL NAME OF NEIGHBOUR 9		
FULL NAME OF NEIGHBOUR 10		
FULL NAME OF AREA LAND COMMITTEE REPRESENTATIVE	SIGNATURE	
LOCAL COUNCIL 1 CHAIRMAN	SIGNATURE	
FULL NAME OF FIELD SURVEYOR	SIGNATURE	
LAND OFFICER FROM MLHUD	SIGNATURE	
FULL NAME OF EACOP REPRESENTATIVE	SIGNATURE	
FULL NAME OF MEMD REPRESENTATIVE	SIGNATURE	

D2 RECTIFICATION APPLICATION FORM

APPLICATION TO RECTIFY REGISTER. (S.158 RTA)

To the Registrar of Titles, I,....., apply to have Block
..... Plot.....Vol.....Fol..... amended in
the following particulars-

.....
.....
....., the name(s) of the registered proprietors and
certificate of title details of land whose title would be affected by the proposed rectification are;
.....
.....

And I declare;

1. That to the best of my knowledge and belief the discrepancy between the description in my certificate of title and that in the other titles above mentioned is due to error in survey or misdescription, and has arisen;

.....
.....
.....

2. That the title to the land affected by the proposed rectification has never been in contest between me or as I believe any one from whom I claim and any other person in any proceeding in any court of law or equity.

3. That the land described in my certificate of title has been actually bonafide occupied by me and persons holding under me since

.....

4. That the nature of that occupation was as follows:-

.....
.....
.....

Dated this.....day of2019.

Made and subscribed at.....

by

In the presence of.....

D3 VALUATION FORM

**EACOP PROJECT – PIPELINE & AGIs
FORM B: PROPERTY VALUATION ASSESSMENT FORM**

	INITIALS
PHOTO ATTACHED	
QUALITY CHECK	
DATABASE ENTRY	
SCANNED AND STORED	

PAP REFERENCE No.:	Date/...../20.....
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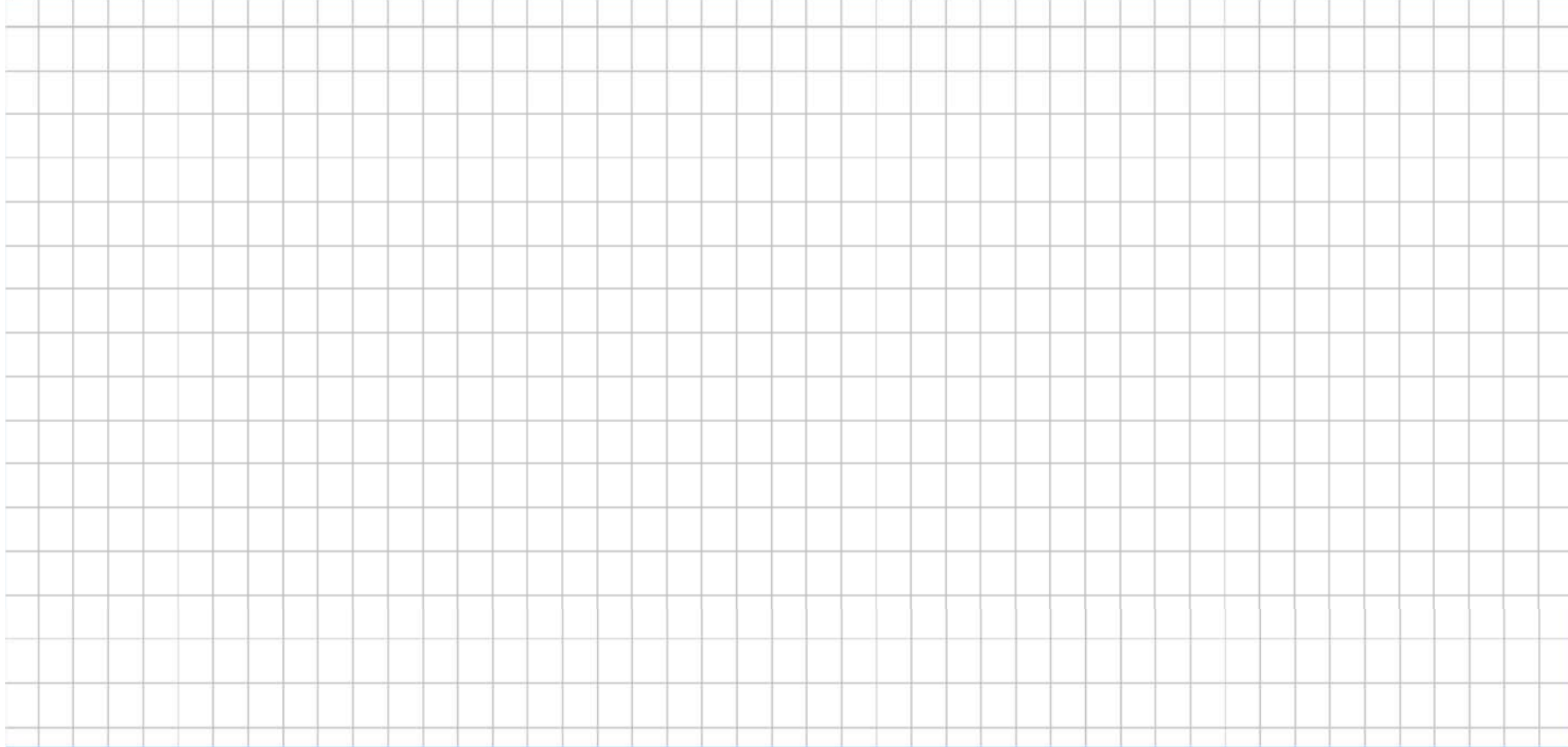
SECTION A. PAP IDENTIFICATION AND LOCATION DETAILS			
NAME OF PAP		CONTACT DETAILS	
NAME OF SPOUSE(S)		CONTACT DETAILS	
PAP ID NO		TYPE OF ID	
PAP PHOTO No.			
LOCATION	LC.I./CELL/ VILLAGE:	SUB COUNTY	DISTRICT
AFFECTED ASSETS	A. LAND <input type="checkbox"/> B. BUILDINGS/STRUCTURES <input type="checkbox"/> C. GRAVES/ CULTURAL HERITAGE <input type="checkbox"/> D. CROPS/TREES <input type="checkbox"/> E. OTHERS (Specify).....		

SECTION B. LAND (DESCRIPTION OF LAND ASSESSED FOR COMPENSATION)			
PLOT DETAILS (If Applicable)	PLOT NUMBER(S)	BLOCK NUMBER & COUNTY	
GPS LOCATION COORDINATES	EASTINGS	NORTHINGS	APPROXIMATE CHAINNAGE
TYPE OF OWNERSHIP OF AFFECTED LAND	1. Individual <input type="checkbox"/> 2. Family <input type="checkbox"/> 3. Clan <input type="checkbox"/>		4. Communal <input type="checkbox"/> 5. Public <input type="checkbox"/> 6. Others (Specify)
LAND TENURE/INTEREST (Tick appropriate)	1. Customary – un-registered <input type="checkbox"/> 2. Customary – registered <input type="checkbox"/>	3. Leasehold <input type="checkbox"/> 4. Freehold <input type="checkbox"/>	5. Mailo <input type="checkbox"/> 6. Kibanja <input type="checkbox"/>
IS THE PAP THE LAND OWNER?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF NO, NAME THE LAND OWNER			
ANY AGREEMENT FOR PAP TO USE THE LAND?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If yes provide copy or take picture of agreement		
CURRENT LAND USE OF AFFECTED LAND (Tick appropriate)	1. Residential <input type="checkbox"/> 2. Grazing <input type="checkbox"/> 3. Agriculture <input type="checkbox"/> 4. Fallow <input type="checkbox"/> 5. Business <input type="checkbox"/>		6. Public <input type="checkbox"/> 7. Wetland <input type="checkbox"/> 8. River shore <input type="checkbox"/> 9. Lake shore <input type="checkbox"/> 10. Others (Specify).....

CURRENT LAND USERS	#	FULL NAME	REFERENCE NUMBER	CONTACT DETAILS	CURRENT LAND USE	SIZE OF LAND USED
	1					ACRES
	2					ACRES
	3					ACRES
	4					ACRES
	5					ACRES
	6					ACRES
	7					ACRES
	8					ACRES
	9					ACRES
	10					ACRES
PAP's TOTAL LAND AREA						ACRES
PAP's AFFECTED LAND AREA					ACRES	%
PAP's RETAINED LAND AREA (Residue)	ACRES		%	LAND USE		
	VIABILITY TO SUSTAIN PAP'S LIVELIHOOD	Viable <input type="checkbox"/> Not Viable <input type="checkbox"/>	JUSTIFICATION			
LAND AREA ASSESSED FOR COMPENSATION					ACRES	

SECTION C: DESCRIPTION OF BUILDINGS AND STRUCTURES															
#	Type of Building/ Structure	Photo No.	Occupancy status	No. of Occupants	Total Rent payable per month (applicable for tenants)	CONSTRUCTION DETAILS (See/use chart below)							GPS LOCATION COORDINATES		
						Level of completion	Roof	Walls	Windows & doors	Floor	No. of Rooms	Built Up Area (m ²)	EASTINGS	NORTHINGS	
1															
2															
3															
4															
5															
6															
DESCRIPTION CHART															
Occupancy Status		Roof material		Wall material		Windows and doors		Floor material		Level of completion			Other finishes		
Not Occupied	NO (01)	Iron Sheets	IS (01)	Mud and wattle	MW (01)	Timber	T (01)	Earth	E (01)	Complete			COMP (01)	Cement Plastered & Painted Walls	CPP (01)
Owner Occupied Primary Residence	PR (02)	Grass Thatched	GT (02)	Mud Bricks	MB (02)	Glazed Casements	GC (02)	Cement Screed	CS (02)	Incomplete	Foundation Level	FL (02)	Cement Plastered & Rough cast Walls	CPR (02)	
		Concrete slab	CR (03)								Window Seal Level	WSL (03)			
Owner Occupied – Secondary Residence	SR (03)	Polythene	PL (04)	Burnt Bricks/Cement Blocks	BB (03)	Metal Sheet	MS (03)	Concrete Slab	CONC (03)		Ring Beam Level	RBL (04)	Floor tiles	FT (03)	
Tenant Occupied	TO (04)	Tin (Ddebe)	TD (05)	Poles and Reeds	PR (04)	Plywood	PW (04)				Walls and Roof (shell)	WR (05)	Terrazzo Floor	TF (04)	
Private Business	PB (05)	Tiles	T (06)	Poles & Kirundu	PK (05)	Louvers	L (05)			Collapsed		COL (06)			
Institutional Structure	IS (06)	Papyrus	P (07)												
DESCRIPTION OF STRUCTURES IN YOUR OWN WORDS															

SKETCH OF BUILDINGS/STRUCTURES/OTHER CLASSIFIED ITEMS (Make neat & partitioned sketch. Name sketch, and indicate accommodation and measurements in metres to 2dec. places)



SECTION D: CROPS & ECONOMIC/VALUABLE TREES (A = Annual; P = Perennial)								
CROPS								
#	NAME OF CROP/TREE	TYPE OF CROP (A/P)	DESCRIPTION	AGE (mths/yrs)	QUANTITY / COUNT (Specify Units eg No., or sq m)	CROP RATIO (% In case of intercropping)	GPS COORDINATES (Where applicable)	
							EASTINGS	NORTHINGS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

SECTION E: CERTIFICATE OF TRANSLATION:

Iofdo here by confirm that I have duly explained to the saidall the information contained in this form in dialect/ language that he/she/they understand and that he/she/they fully understood the compensation methodology used and all the information contained in this form before he/she/they signed or made his/her/their thumb mark.

SIGNATURE	DATE
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SECTION F: ACKNOWLEDGEMENT AND SIGNATURE

I agree with the assessment of the contractor and hereby sign as evidence that I was present during the survey exercise on the date stated below which is the asset inventory cutoff date. I understand that any development beyond the cutoff date will not be compensated.

FULL NAME OF PAP:	SIGNATURE:	RIGHT THUMB FINGER PRINT
	DATE:	DATE:
FULL NAME OF SPOUSE:	SIGNATURE:	RIGHT THUMB FINGER PRINT
	DATE:	DATE:
FULL NAME OF WITNESS:	Tick appropriately: Neighbour <input type="checkbox"/> Relative <input type="checkbox"/> Clan leader <input type="checkbox"/> Others Specify.....	RIGHT THUMB FINGER PRINT
	DATE:	DATE:
FULL NAME OF LC 1 CHAIRPERSON/OFFICIAL:	SIGNATURE:	RIGHT & OFFICIAL STAMP
	DATE:	DATE:
FULL NAME OF FIELD VALUER:	SIGNATURE:	DATE:
	DATE:	
FULL NAME OF EACOP REPRESENTATIVE:	SIGNATURE:	DATE:
	DATE:	
FULL NAME OF MEMD REPRESENTATIVE:	SIGNATURE:	DATE:
	DATE:	
NAME OF ENUMERATOR:	SIGNATURE:	DATE:
	DATE:	

NB: Copy of the filled form to be issued to the PAP