

KIRIMANYAGA CELL

BUNAMWAYA WARD
MAKINDYE MUNICIPALITY



BUNAMWAYA DIVISION
KYADONDO-WAKISO DISTRICT

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Our Ref...KC1 – LC 1- 133 - 08 - 020
2020

DATE 05- 08-

Your Ref.....

VILLAGE QUESTIONARE

- ❖ Names, NIN and Contact of household head and what work does he / she do.
- ❖ Names and details as above of people / dependants in this household plus age and what he or she does.

If child below 6years has to present the following;

- ❖ Immunization Card Number
- ❖ Application I'd Number and date of birth
- ❖ Disability Status PWD (Physical, Mental, Blind, Deaf, or Dumb)

Does this household has the following;

- a) Household animal rearing or bird keeping?
- b) What type of Animals or birds here?
- c) How many are they (animals and birds)?
- d) Has this household have a garden or any modernized farming project?
- e) What type farming or gardening is here? And what crop is in the garden?
- f) Anybody in the household that has knowledge about hand, craft, sculpture plus art in painting, Construction, Sports etc?
- g) How many blocks and independent homes

Type of the households, okugeza Bungalo / Business/Storey

- ❖ V.A.T - License No, - Rate paid, -Date of payment

Tax payments

- ❖ Property Tax -Cert No, Rate paid & Date of payment
- ❖ Operational License – Cert. No., Rate paid & Date of payment
- ❖ Medical - Cert. No. Rate paid & Date of payment
- ❖ Hse. Hold Project –Trading & Operational License, Rates paid & Date of payments
- ❖ Bar/ Lodging / Hotel – Trading & Operational License, Rate Paid & Date of Payment

For more information if not contented call chairman - 0785226643, 0752393046,

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KIRIMANYAGA FIRST
FOR GOD AND MY COUNTRY