

PLEASE FILL THE FORM IN BLOCK LETTERS AND TICK AS APPROPRIATE

WHAT ARE YOUR NAMES? A																													
* TITLE (Mr / Mrs/ Master/ Miss/ Ms):																													
* LASTNAME:																													
* FIRST NAME:																													
MIDDLE NAME:																													
OTHER NAMES:																													
MAIDEN NAME:																													
HAVE YOU CHANGED YOUR NAME BEFORE? B																													
Previous Surname:																													
Previous First Name:																													
Previous Middle Name:																													
ARE YOU HOMELESS? YES [] NO [] IF NO, WHERE DO YOU LIVE? C																													
* TOWN/CITY OF RESIDENCE:																													
* COUNTRY OF RESIDENCE:																													
* STATE OF RESIDENCE:																													
* LOCAL GOVERNMENT AREA OF RESIDENCE:																													
* ADDRESS OF RESIDENCE:																									POSTAL CODE				
WHEN AND WHERE WERE YOU BORN? D																													
* DATE OF BIRTH:		D D		M M		Y Y Y Y																							
* DATE OF BIRTH VERIFICATION:			VERIFIED				APPROXIMATE				DECLARED																		
* PLACE OF BIRTH - COUNTRY:																													
* PLACE OF BIRTH - STATE:																													
* PLACE OF BIRTH - LGA:																													
WHERE ARE YOU FROM? E																													
* PLACE OF ORIGIN - COUNTRY																													
* PLACE OF ORIGIN - STATE																													
* PLACE OF ORIGIN - LGA																													
* PLACE OF ORIGIN - TOWN																													
WHERE IS YOUR FATHER FROM? F																													
* PLACE OF ORIGIN - COUNTRY																													
* PLACE OF ORIGIN - STATE																													
* PLACE OF ORIGIN - LGA																													
* PLACE OF ORIGIN - TOWN																													
WHERE IS YOUR MOTHER FROM? G																													
* PLACE OF ORIGIN - COUNTRY																													
* PLACE OF ORIGIN - STATE																													
* PLACE OF ORIGIN - LGA																													
* PLACE OF ORIGIN - TOWN																													
YOUR PHYSICAL FEATURES H																													
* GENDER: (M / F)		TRIBAL MARKS			HAIR COLOUR																	HUNCH BACK							
* HEIGHT: centimetres			VISIBLE SCARS			OTHERS																							
* RESIDENCE STATUS:			BIRTH				NATURALIZATION						REGISTRATION																
* NATIONALITY:																													
ANY PHYSICAL CHALLENGES? I																													
BLIND		DEAF		DUMB		PARALYZED			OTHERS																				
ABOUT THE CARD J																													
* CARD TYPE:																													
* ISSUING BANK:																													
YOUR NATIONAL IDENTIFICATION NUMBER (FOR APPLICANT'S PERSONAL DATA UPDATE ONLY) K																													
NATIONAL IDENTIFICATION NUMBER (NIN):																													

YOUR SUPPORTING DOCUMENTS

L

ANY IDENTITY REFERENCE	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
IMMIGRATION DOCUMENT	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
NATIONAL INSURANCE	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
NIGERIA DRIVER LICENCE	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
NIGERIAN PASSPORT	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
OTHER DESIGNATED DOCUMENT	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
OTHER NATIONAL IDENTITY CARD	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
OTHER PASSPORT	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE
OTHER TRAVEL DOCUMENT	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE

YOUR OTHER DETAILS

M

* MARITAL STATUS:	DIVORCED	MARRIED	SEPARATED	SINGLE	WIDOWED	
MAIN NATIVE LANGUAGE SPOKEN:						
* LANGUAGE YOU READ AND WRITE:						
OTHER LANGUAGE SPOKEN:						
EDUCATION LEVEL:	CERTIFICATION	NONE	POST-GRADUATE	PRIMARY	SECONDARY	TERTIARY
RELIGION:	CHRISTIANITY	ISLAM	TRADITIONAL	OTHER		
OCCUPATION/PROFESSION:						
TELEPHONE:						
EMPLOYMENT STATUS:	EMPLOYED	UNEMPLOYED	PENSIONER	SELF EMPLOYED		
*HOME DELIVERY OF THE CARD (courier fees will apply):	YES	NO	* Note that the option 'NO' indicates COLLECTION AT POINT OF REGISTRATION			
EMAIL ADDRESS:						

DETAILS OF YOUR PARENTS

N

* FATHER'S SURNAME:					
* FATHER'S FIRST NAME:					
FATHER'S MIDDLE NAME:					
FATHER'S NIN (if available):					
* MOTHER'S SURNAME:					
* MOTHER'S FIRST NAME:					
MOTHER'S MIDDLE NAME:					
MOTHER'S MAIDEN NAME:					
MOTHER'S NIN (if available):					

GUARDIAN DETAILS

O

* SURNAME:					
* FIRST NAME:					
MIDDLE NAME:					
* NATIONAL IDENTIFICATION NUMBER					

YOUR NEXT OF KIN DETAILS

P

* SURNAME OF NEXT OF KIN:					
* FIRST NAME OF NEXT OF KIN:					
MIDDLE NAME OF NEXT OF KIN:					
* RELATIONSHIP WITH NEXT OF KIN:					

ADDRESS OF YOUR NEXT OF KIN

Q

* COUNTRY OF RESIDENCE					
* STATE OF RESIDENCE					
* LOCAL GOVERNMENT AREA OF RESIDENCE					
* TOWN/CITY OF RESIDENCE					
* STREET ADDRESS					
				POSTAL CODE	
NEXT OF KIN'S NIN:					

DECLARATION /ATTESTATION

R

I certify that the information provided by me on this form is complete, true and accurate. I understand that the information provided by me on this form and my biometrics shall constitute my personal information/data to be entered into the National Identity Database. I consent to sharing of my data provided herein with any organization permitted by the NIMC Act 23 of 2007 and within the Nigerian Law. I hereby apply for a National Identification Number (NIN) and a National Identity (Smart) Card. I accept that this form may be scanned, saved and discarded after use as the Commission may deem fit. I understand and accept that if any information I have provided herein is not correct or is false, the Commission reserves the right of prosecution if discovered.

Applicant's Signature	*Date	D	D	M	M	Y	Y
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