

NATIONAL IDENTIFICATION NUMBER (NIN) ENROLMENT FORM

PLEASE FILL THE FORM IN BLOCK LETTERS AND TICK AS APPROPRIATE

	٧	WHAT ARE YO	UR NAMES	S?	A	
* TITLE (Mr / Mrs/ Master/ M						
* LASTNAME:			7			
* FIRST NAME:						
MIDDLE NAME:						
OTHER NAMES:						
MAIDEN NAME:						
	HAVE YOU	CHANGED Y	OUR NAME	BEFORE?	В	
Previous Sumame:						
Previous First Name:						<u></u>
Previous Middle Name:		 				
ARE YOU HOMELESS? Y		IF NO, WHE	RE DO YO	U LIVE?	С	
* TOWN/CITY OF RESIDENCE	:				4	
* COUNTRY OF RESIDENCE:						
* STATE OF RESIDENCE:	- Mil - 1 - 1 - 1 - 1 - 1 - 1					
* LOCAL GOVERNMENT AREA	OF RESIDENCE:					
* ADDRESS OF RESIDENCE:	TTTT			4 1		
The time of the letter						
			_	2007.8		
				POSTAL		
	WHEN A	AND WHERE I	WERE YOU	J BORN?	D	
* DATE OF BIRTH: D D	M M 3	Y Y Y Y				
* DATE OF BIRTH VERIFICATION	N: VERIFIED	APPROX	CIMATE	DECLARED		
* PLACE OF BIRTH - COUNTRY:						
* PLACE OF BIRTH - STATE:						
* PLACE OF BIRTH - LGA:			10 /			
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- 0.455 05 00.500		WHERE ARE	OUFROW	ır		
PLACE OF ORIGIN - COUNTRY PLACE OF ORIGIN - STATE	,					
+ PLACE OF ORIGIN - LGA			 			
+ PLACE OF ORIGIN - TOWN			+			
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DIAGONOUS COUNTY		RE IS YOUR	FAI HER FI	KOW?	F	
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+ PLACE OF ORIGIN - TOWN	-		 			
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		KE IS TOOK	HOTHERF	KOMI		
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+ PLACE OF ORIGIN - STATE						
PLACE OF ORIGIN - LGA PLACE OF ORIGIN - TOWN		+	+			
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		OLOUR		HUN	CH BACK	
* HEIGHT: centimetres	VISIBLE SCARS	OTHERS				
* RESIDENCE STATUS:	BIRTH	NATURALIZA	TION	REGISTRATION		
* NATIONALITY:						
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* CARD TYPE:						
* ISSUING BANK:			100000000000000000000000000000000000000			
YOUR NATIONAL IDENTI		R (FOR APPLICA	NT'S PERSON	AL DATA UPDATE ONL	.Y) K	
NATIONAL IDENTIFICATION N	NUMBER (NIN):					

PLEASE NOTE: THIS FORM IS NOT FOR SALE. REPORT ANY SUCH PRACTICE TO: 0700-CALL-NIMC (0700-225-5646) YOUR SUPPORTING DOCUMENTS DOCUMENT NUMBER DOCUMENT EXPIRY DATE 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 YOUR OTHER DETAILS WIDOWED MARITAL STATUS: DIVORCED MARRIED SEPARATED SINGLE MAIN NATIVE LANGUAGE SPOKEN: LANGUAGE YOU READ AND WRITE: OTHER LANGUAGE SPOKEN: EDUCATION LEVEL: CERTIFICATION NONE PRIMARY SECONDARY TERTIARY POST-GRADUATE CHRISTIANITY ISLAM TRADITIONAL OTHER RELIGION: OCCUPATION/PROFESSION: TELEPHONE: EMPLOYMENT STATUS: EMPLOYED UNEMPLOYED PENSIONER SELF EMPLOYED * Notethat the option 'NO' Indicates COLLECTION AT POINT OF REGISTRATION *HOME DELIVERY OF THE CARD (courier fees will apply): YES NO EMAIL ADDRESS: DETAILS OF YOUR PARENTS N * FATHER'S SURNAME: FATHER'S FIRST NAME: FATHER'S MIDDLE NAME: FATHER'S NIN (fravallable): * MOTHER'S SURNAME: * MOTHER'S FIRST NAME: MOTHER'S MIDDLE NAME: MOTHER'S MAIDEN NAME: MOTHER'S NIN of available): **GUARDIAN DETAILS** SURNAME: * FIRST NAME: MIDDLE NAME: NATIONAL IDENTIFICATION NUMBER YOUR NEXT OF KIN DETAILS * 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 NEXT OF KIN'S NIN: DECLARATION / ATTESTATION I certify that theinformation 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 I	D.	M	М	Y	X
Applicant's Signature	 *Date	D.	D:	M	M	X	1