



## Form One (regulation 3(1)) REPUBLIC OF GHANA NATIONAL IDENTIFICATION AUTHORITY NATIONAL IDENTITY CARD APPLICATION FORM

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1	TYPE OF APPLICANT *: CITIZEN PERMANENTLY RESIDENT PERSON WITH RESIDENCE PERMIT REFUGEE
2	TYPE OF REQUEST*: Issuance Update Replacement Re-Issue MRW Number*: M
	Date of Application (DD/MM/YYYY)*: Interviewer NID No.*:
	EXISTING NID NUMBER — Registration Centre Number*:
3	SURNAME *:    SEX *:   Marital Single     Status *: Married     FORENAMES *: (First name and Other Names)     Legally Separated     Divorced
	PREVIOUS OR MAIDEN NAMES:  Widowed  Height *  Colour of Evor*
	(cm): Colour of Eyes *: Colour of Hair *: Code :
	Level of Education *: None Basic Secondary Tertiary Higher
4	Birth Certificate No.  Date Issued (DD/MM/YYYY)
	DATE OF BIRTH * (DD/MM/YYYY)  If Estimated Date of Birth :  Nationality at Birth *:  Nationality *:
	PLACE OF BIRTH  Village: District: District: Country: State:
	HOMETOWN *:  Village:
5	OCCUPATION *:
	OCCUPATION*:
6	RESIDENTIAL ADDRESS *:  Village:
	No.: Name: ZIP/Postal
	Area Name : Code : Code : Address :
	Digital Address Code:
7	LANGUAGE(S) SPOKEN:  1
- 1	8 1 12 13 14 14
8	APPLICANT'S PARENTAGE * :  Full Name of Father :
	FATHER'S HOME TOWN:  Village: Town:  Nationality  Is Father alive? Yes No  Country: State:
	Full Name of Mother:
¥	Mother's Maiden Name :
	MOTHER'S HOME TOWN:  Is Mother alive? Yes No Village: District: District: No Distri
•	Town: Country: State:

0	SPOUSE(S) LIST:
	1. Full Name : Nationality :
	2. Full Name : Nationality :
	3. Full Name : Nationality :
	4. Full Name : Nationality :
	5. Full Name : Nationality :
	(Note: In case of more than five (5) Spouses, please use Spouses Form)
1 [	NON CITIZEN ONLY:
	Date of First Residence in Ghana *:
-	Expiry Date of Last Residence Permit:    Semployer   Name:
	Employer Address:
	Employer Tel Employer Tel
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2	VERIFICATION DOCUMENT (TYPE):  Document No. / NID:
	Data Laura (DD MM MYYYY)
Į	Date Issued (DD/MM/YYYY)
3	DUAL CITIZENSHIP ONLY:  Other Country of Nationality:  Dual Nationality  Certificate No.:
	NATURALIZATION / REGISTRATION CERT. NO.:
4 [	
	Local Phone 1 Numbers:
١	3 4
	Foreign Numbers:
	Email Address:
5	INSTITUTIONAL Ids:
	SSNIT No.  Date Joined (DD/MM/YYYY)
	Voter ID No.
	Voter ID No.  Date Issued (DD/MM/YYYY)
	Passport No.  Date Issued (DD/MM/YYYY)
1	Dule Issued (DD/min/TTTT)
	National Health Insurance Scheme No.  Expiry Date (DD/MM/YYYY)
	Driver Licence No.  Date Issued (DD/MM/YYYY)
	Tax Identification Number (TIN)  Date Issued (DD/MM/YYYY)
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L	Challenged:
١	declare that all the information presented for this application is true and correct and that all documents that I have provided for the purposes of this application are genuine.

I understand that if any information I have provided for this application is false or incorrect, I will be liable to prosecution in accordance with Section 40 of the National Identity Register Act 2008, (Act 750) as well as any other law or regulation which may be in force at the time.

I understand that the information and documents I have provided in respect of this application are stored and handled by the NIA and I have the right to have them updated should they change.

I declare that all the information contained in this application form has been read, interpreted and explained to me in a language I understand and I perfectly understood and approved same before my hand was guided to make my mark.