

# NATIONAL IDENTIFICATION NUMBER (NIN) ENROLMENT FORM

v2.0

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: <span style="float: right;">D D M M Y Y Y Y</span>					
* 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	
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## ABOUT THE CARD J

* CARD TYPE:						
* ISSUING BANK:						

## YOUR NATIONAL IDENTIFICATION NUMBER (FOR APPLICANT'S PERSONAL DATA UPDATE ONLY) K

NATIONAL IDENTIFICATION NUMBER (NIN):								
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## YOUR SUPPORTING DOCUMENTS

ANY IDENTITY REFERENCE	DOCUMENT NUMBER	DOCUMENT EXPIRY DATE	L
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

* MARITAL STATUS:	DIVORCED	MARRIED	SEPARATED	SINGLE	WIDOWED	M
MAIN NATIVE LANGUAGE SPOKEN:						
* LANGUAGE YOU READ AND WRITE:						
OTHER LANGUAGE SPOKEN:						
EDUCATION LEVEL:	CERTIFICATION	NONE	POST-GRADUATE	PRIMARY	SECONDARY	TERTIALY
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

* 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

* 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

* 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

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