

PLEASE NOTE: THIS FORM IS NOT FOR SALE. REPORT ANY SUCH PRACTICE TO: 0700-CALL-NIMC (0700-225-5646)

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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ALL FIELDS MARKED * MUST BE FILLED

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