



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

Part A



1	TYPE OF APPLICANT * :	CITIZEN <input type="checkbox"/>	PERMANENTLY RESIDENT <input type="checkbox"/>	PERSON WITH RESIDENCE PERMIT <input type="checkbox"/>	REFUGEE <input type="checkbox"/>							
2	TYPE OF REQUEST*:	Issuance <input type="checkbox"/>	Update <input type="checkbox"/>	Replacement <input type="checkbox"/>	Re-Issue <input type="checkbox"/>							
		MRW Number*: M <input type="text"/>										
	Date of Application (DD/MM/YYYY)*:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Interviewer NID No.*:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	EXISTING NID NUMBER	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Registration Centre Number*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	SURNAME *:											
	SEX *:											
	Marital Status *:											
	FORENAMES * (First name and Other Names)											
	PREVIOUS OR MAIDEN NAMES :											
	Height * (cm) :	<input type="text"/>	Colour of Eyes * :	<input type="text"/>	Colour of Hair * :	<input type="text"/>	Disability Code :	<input type="text"/>				
	Level of Education *:	None <input type="checkbox"/>	Basic <input type="checkbox"/>	Secondary <input type="checkbox"/>	Tertiary <input type="checkbox"/>	Higher <input type="checkbox"/>						
4	Birth Certificate No.											
	Date Issued (DD/MM/YYYY)											
	DATE OF BIRTH * (DD/MM/YYYY)											
	If Estimated Date of Birth: <input type="checkbox"/>											
	Nationality at Birth *:											
	Current Nationality *:											
	PLACE OF BIRTH											
	Village :	<input type="text"/>	Region :	<input type="text"/>	District :	<input type="text"/>						
	Town :	<input type="text"/>	Country:	<input type="text"/>	State :	<input type="text"/>						
	HOMETOWN * :											
	Village :	<input type="text"/>	Region :	<input type="text"/>	District :	<input type="text"/>						
	Town :	<input type="text"/>	Country:	<input type="text"/>	State :	<input type="text"/>						
5	OCCUPATION * :											
6	RESIDENTIAL ADDRESS * :											
	Village :	<input type="text"/>	Region :	<input type="text"/>	District :	<input type="text"/>						
	Town :	<input type="text"/>	Country :	<input type="text"/>	State :	<input type="text"/>						
	House No.:	<input type="text"/>	Street Name :	<input type="text"/>								
	Community Area Name :	<input type="text"/>	ZIP/Postal Code :	<input type="text"/>								
	Postal Address :	<input type="text"/>										
	Digital Address Code :	<input type="text"/>										
7	LANGUAGE(S) SPOKEN :											
	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>	13	<input type="text"/>
	14	<input type="text"/>										
8	APPLICANT'S PARENTAGE * :											
	Full Name of Father :											
	Nationality <input type="text"/>											
	Is Father alive ? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	FATHER'S HOME TOWN :											
	Village :	<input type="text"/>	Region :	<input type="text"/>	District :	<input type="text"/>						
	Town :	<input type="text"/>	Country :	<input type="text"/>	State :	<input type="text"/>						
	Full Name of Mother :											
	Mother's Maiden Name :											
	Nationality <input type="text"/>											
	Is Mother alive ? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	MOTHER'S HOME TOWN :											
	Village :	<input type="text"/>	Region :	<input type="text"/>	District :	<input type="text"/>						
	Town :	<input type="text"/>	Country :	<input type="text"/>	State :	<input type="text"/>						
9	Next of Kin :											
	Address :											

10 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)

11 NON CITIZEN ONLY :

Date of First Residence in Ghana * : / /

Issue Date of Last Residence Permit : / /

Expiry Date of Last Residence Permit : / /

Employer Name :

Employer Address :

Employer Tel Number 1 :

Employer Tel Number 2 :

12 VERIFICATION DOCUMENT (TYPE) :

Document No. / NID :

Date Issued (DD/MM/YYYY) : / /

13 DUAL CITIZENSHIP ONLY : Other Country of Nationality :

Dual Nationality Certificate No. :

NATURALIZATION / REGISTRATION CERT. NO.:

14 Local Phone Numbers : 1

2

3

4

Foreign Numbers : 1

2

Email Address :

15 INSTITUTIONAL IDs :

SSNIT No.	<input type="text"/>	Date Joined (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Voter ID No.	<input type="text"/>	Date Issued (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Passport No.	<input type="text"/>	Date Issued (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Health Insurance Scheme No.	<input type="text"/>	Expiry Date (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Driver Licence No.	<input type="text"/>	Date Issued (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>	Date Issued (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>

16 Challenged : ☐

I 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.

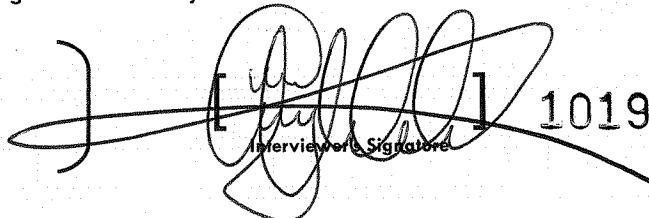
I understand that the information and documents I have provided in respect of this application are stored and handled by the NIA and I have the right to have them updated should they change.

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.

APPLICANT'S SIGNATURE
OR THUMBPRINT *



(



10193030

* : Mandatory to fill

POPO Count
POPO Count Test : 218

A B C D E F G H I J K L M N O P Q R S T U V W

X Y Z A B C D E F G H I J K L M N O P Q R S

A B C D E F G H I J K L M N O P Q R S

T U V W X Y Z

A A B B C C D D E E F F G G H H

I I J J K K L L M M N N O O P P R R

S S T T U U V V W W X X Y Y Z Z

A A A B B B C C C D D D E E E

F F F G G G H H H I I I J J J

K K K L L L M M M N N N O O O

P P P Q Q Q R R R X X X T T T

U U U V V V W W W S S S Y Y Y

Z Z Z

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4

5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4

5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

POPO Count

POPO Count Test : 217

[illegible]