


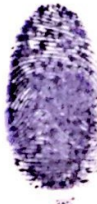




FAMILY REGISTRATION CERTIFICATE FINGERPRINT ACQUISITION FORM

APPLICANT'S DETAILS

1 APPLICANT NAME Zubair Rasheed	نام و نام خانوادہ 1 زید و رashed
1 APPLICANT CITIZEN NUMBER 42401-2682117-7	1 Family Registration Certificate Type By Birth

APPLICANT'S FINGERPRINTS

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
			NOT REQUIRED	NOT REQUIRED
LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE
	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED

INSTRUCTIONS

- This form must be scanned at 600 dpi in greyscale.
- Please write the information in BLOCK letter.
- Ensure all information is written using black ink.
- Enter data within the boundaries of the designated field or block.
- Complete all required fields. (If a required field is left blank, the fingerprint form may be immediately rejected without further processing.)
- Ensure notations are made for any missing fingerprint impression (i.e. amputation).
- Ensure that the form is printed on an A4/Letter page size.
- See fingerprint guide for further information to aid in the successful processing of applicant's fingerprint submission.

1 APPLICANT'S SIGNATURE



DATE: 06 07 2022