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



NATIONAL IDENTIFICATION NUMBER (NIN) ENROLMENT FORM

PLEASE FILL THE FORM IN BLOCK LETTERS AND TICK AS APPROPRIATE providing assured identity

				W	ΉΔΤ	ARE	YOU	JR N	AME:	S?						A			
* TITLE (Mr / Mrs/ Master/ Miss/ Ms): A																			
* LASTNAME:	1711337	14137.			T -		_												
* FIRST NAME:	+	+				+	+	-											
	+	+			-	-	-	-											
MIDDLE NAME:					-	-	-	-											
OTHER NAMES:						-	-	_											
MAIDEN NAME:	\bot																		
HAVE YOU CHANGED YOUR NAME BEFORE?																			
Previous Surname:																			
Previous First Name:																			
Previous Middle Name:																			
ARE YOU HOMELESS? YES [] NO [] IF NO, WHERE DO YOU LIVE?																			
* TOWN/CITY OF RESIDENCE:																			
* COUNTRY OF RESIDENCE		+				+	+												
* STATE OF RESIDENCE:				+	1							_							
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* LOCAL GOVERNMENT AR	EAUF	KESIDE	INCE:		-	-	-												
* ADDRESS OF RESIDENCE:					-	-		-				þ.							
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													POSTAL						
WHEN AND WHERE WERE YOU BORN? D																			
* DATE OF BIRTH: D D M M Y Y Y Y																			
* DATE OF BIRTH VERIFICAT	ON:	VE	RIFIEI	D		API	PROX	IMAT	Е		DEC	LARE	D						
* PLACE OF BIRTH - COUNT	Y:																		
* PLACE OF BIRTH - STATE:																			
* PLACE OF BIRTH - LGA:																			
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* PLACE OF ORIGIN - STATE									$\overline{}$	_	+			$\overline{}$	\dashv	+	+		
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* PLACE OF ORIGIN - TOWN																			
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* PLACE OF ORIGIN - COUN	ΓRY		Т	Т	Т	Т	Τ	П	Т	\top	\top		П	Т	Т	\top	\top	1	Π
* PLACE OF ORIGIN - STATE																\neg	\top		
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* PLACE OF ORIGIN - TOWN																			
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* PLACE OF ORIGIN - COUN	TRY																		
* PLACE OF ORIGIN - STATE																			
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* PLACE OF ORIGIN - TOWN																			
				Y	OUR	PHYS	SICAI	_ FEA	TUR	ES						H			
* GENDER: (M/F) TRIB	AL MARI	KS	HA	IR C	OLOU	R							HUN	CH BA	ACK				
* HEIGHT: centimetres VISIBLE SCARS OTHERS																			
* RESIDENCE STATUS:		ВП	RTH		NA	TURA	LIZAT	NOL		RI	EGISTI	RATIC	N						
* NATIONALITY:																			
NY PHYSICAL CHALLENGES?																			
BLIND DEAF DUMB PARALYZED OTHERS																			
DLAF DLAF			JOIVIE		A F					, , , , L	.5					J			
* CARD TYPE:					At	500		ECA	עא										
* ISSUING BANK:																			
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NATIONAL IDENTIFICATIO																			