



VERIFIER FORM - NICOP

2 APPLICANT'S INFORMATION

FULL NAME	Zaria Smahir Sultan	MARITAL STATUS	Unmarried	GENDER	Female
	زارہ سماہر سلطان	COUNTRY OF STAY	United States	DATE OF BIRTH	21/12/2018
FATHER'S NAME	Awais Sultan	PLACE OF BIRTH	United States	RELIGION	Ahmedia
	اویس سلطان	TWIN SIBLING	No	PASSPORT NUMBER	
MOTHER'S NAME	Saliha Awais	CURRENT ADDRESS	1157 W Vernon Park Pl,60607,chicago,il,united States		
	صالحہ اویس	PERMANENT ADDRESS	P.o. Mudh Noor Chak No 074/P,rahim Yar Khan		
SPOUSE'S NAME					
RELATION WITH HEAD	Child	HEAD ID CARD NUMBER	35202-2922341-5		

3 APPLICANT'S FINGERPRINTS

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

4 APPLICANT'S DECLARATION

- I solemnly affirm that the information presented in the form above is true according to the best of my knowledge and I have not concealed any information.
- I understand that the information I provide may be verified and I consent to this verification.
- I certify that the information given on the form and on the attached documents is accurate and that it is serious offence to provide false/misleading information which may be grounds for my prosecution.
- I do hereby declare that I am not a citizen of any country other than Pakistan, Australia, Belgium, Canada, Egypt, France, Iceland, Ireland, Italy, Jordan, Netherland(Holland), New Zealand, Sweden, Switzerland, Syria, United Kingdom, United States of America, Bahrain, Finland, Denmark and in case I obtain citizenship of any country other than mentioned above, in the future, I shall inform NADRA accordingly.

5 APPLICANT'S SIGNATURE

NOT REQUIRED
DATE /MONTH /YEAR

6 VERIFIER DECLARATION

- I solemnly verify that applicant is personally known to me and the information provided on the form is correct.
- I may be held accountable in case of misrepresentation of information.

A FULL NAME	Nousheerwan	ID CARD NUMBER	35202-5689250-5	CONTACT NUMBER	8036361696
B FULL NAME	Iffat Ara	ID CARD NUMBER	35202-6949706-0	CONTACT NUMBER	3360049677

INSTRUCTIONS

- The information provided in form must not differ from information submitted in online application form. In case the information provided in form is incorrect, incomplete or different from the information provided in online application form, your application may be delayed or rejected. We strongly recommend that you ensure your information is correct before uploading your form.
- Use BLACK ink pad to capture the fingerprint impressions on the form.
- Ensure that the fingerprint impressions are within the boundaries of the designated field or box and are according to the specifications mentioned in the guideline (<http://id.nadra.gov.pk/fingerprint-requirements/>)
- Ensure notations are made for any missing fingerprints(i.e. Amputation)
- Ensure that the form is printed on A4/Letter page size.
- The form must be scanned at 600dpi in greyscale. The form size must not exceed 3 MB.