



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 | | |
| | صالحی 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 | ID CARD NUMBER | CONTACT NUMBER |
| B FULL NAME | ID CARD NUMBER | CONTACT NUMBER |

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.