



VERIFIER FORM - NICOP

2 APPLICANT'S INFORMATION

FULL NAME	Zaria Smahir Sultan
	زاریہ سمایر سلطان
FATHER'S NAME	Awais Sultan
	اویس سلطان
MOTHER'S NAME	Saliha Awais
	صالحہ اویس
SPOUSE'S NAME	
RELATION WITH HEAD	Child
HEAD ID CARD NUMBER	35202-2922341-5

MARITAL STATUS	Unmarried	GENDER	Female
COUNTRY OF STAY	United States	DATE OF BIRTH	21/12/2018
PLACE OF BIRTH	United States	RELIGION	Ahmedia
TWIN SIBLING	No	PASSPORT NUMBER	
CURRENT ADDRESS			
1157 W Vernon Park Pl, 60607, Chicago, IL, United States			
PERMANENT ADDRESS			
P.O. Mudh Noor Chak No 074/P, Rahim Yar Khan			

3 APPLICANT'S FINGERPRINTS

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

LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE
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 a 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, Netherlands (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.

FULL NAME	AWAIS SULTAN	ID CARD NUMBER	35202-2922341-5	CONTACT NUMBER	+1 330 962 2398
FULL NAME	SALIHA AWAIS	ID CARD NUMBER	33201-1481564-8	CONTACT NUMBER	+1 440 503 6081

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.
- * Kindly ACK in order to confirm that fingerprints impressions on this 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://fid.nadra.gov.pk/fingerprint-requirements/>)
- * Ensure notations are made for any missing fingerprints (e.g. Amputation)
- * Ensure that the form is printed on A4/Letter page size.