



REPUBLIC OF GHANA  
NATIONAL IDENTIFICATION AUTHORITY  
**NATIONAL IDENTITY CARD APPLICATION FORM**  
(Section 4 of the National Identity Register Act, 2008, Act 750)



1.	TYPE OF APPLICANT * :		CITIZEN <input checked="" type="checkbox"/>	PERMANENTLY RESIDENT <input type="checkbox"/>	PERSON WITH RESIDENT PERMIT <input type="checkbox"/>	REFUGEE <input type="checkbox"/>
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2.	TYPE OF REQUEST * :		Issuance <input checked="" type="checkbox"/>	Update <input type="checkbox"/>	Replacement <input type="checkbox"/>	Re-Issue <input type="checkbox"/>	MRW Number * : <input type="text"/>
	Date Of Application (DD/MM/YYYY) * :		<input type="text"/>		Interviewer NID No * : <input type="text"/>		<input type="text"/>

3.	SURNAME * :		SEX * :		Single <input checked="" type="checkbox"/>	
	<input type="text"/>		<input type="text"/>		Marital Status * : <input type="text"/>	
	FORENAMES * : (First name and other name)				Married <input type="checkbox"/>	
	<input type="text"/>				Legally Separated <input type="checkbox"/>	
	PREVIOUS OR MAIDEN NAMES :				Divorced <input type="checkbox"/>	
	<input type="text"/>				Widowed <input type="checkbox"/>	
	Height (cm): <input type="text"/>		Colour of Eyes * : <input type="text"/>		Disability Code : <input type="text"/>	
	Level of Education * : None <input type="checkbox"/>		Basic * : <input type="checkbox"/>		Secondary <input type="checkbox"/>	
			Tertiary <input checked="" type="checkbox"/>		Higher <input type="checkbox"/>	

4.	Birth Certificate No. * :		Date Issued (DD/MM/YYYY) * :	
	<input type="text"/>		<input type="text"/>	
	Date Of Birth (DD/MM/YYYY) * :		If Estimated Date of Birth : <input type="checkbox"/>	
	<input type="text"/>		Nationality at Birth. * : <input type="text"/>	
	PLACE OF BIRTH		Current Nationality * : <input type="text"/>	
	Village Town <input type="text"/>		Region Country <input type="text"/>	
	HOME TOWN		District State <input type="text"/>	
	Village Town <input type="text"/>		Region Country <input type="text"/>	
			District State <input type="text"/>	

5.	OCCUPATION * :	
	<input type="text"/>	

6.	RESIDENTIAL ADDRESS	
	Village Town <input type="text"/>	
	Region Country <input type="text"/>	
	District State <input type="text"/>	
	House No. : <input type="text"/>	
	Street Name : <input type="text"/>	
	Community Area Name : <input type="text"/>	
	ZIP/Postal Code : <input type="text"/>	
	Postal Address : <input type="text"/>	
	Digital Address Code : <input type="text"/>	

7.	LANGUAGE(S) SPOKEN	
	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 7. <input type="text"/>	
	8. <input type="text"/> 9. <input type="text"/> 10. <input type="text"/> 11. <input type="text"/> 12. <input type="text"/> 13. <input type="text"/> 14. <input type="text"/>	

8.	APPLICANT'S PARENTAGE * :	
	Full Name of Father <input type="text"/>	
	FATHER'S HOME TOWN : Nationality <input type="text"/>	
	Is Father alive ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Village Town <input type="text"/>	
	Region Country <input type="text"/>	
	District State <input type="text"/>	
	Full Name of Mother <input type="text"/>	
	Mother's Maiden Name <input type="text"/>	
	MOTHER'S HOME TOWN : Nationality <input type="text"/>	
	Is Mother alive ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Village Town <input type="text"/>	
	Region Country <input type="text"/>	
	District State <input type="text"/>	

9.	Next of Kin : <input type="text"/>	
	Address : <input type="text"/>	

10.	SPOUSE(S) LIST : 1. Full Name : <input type="text"/> 2. Full Name : <input type="text"/> 3. Full Name : <input type="text"/> 4. Full Name : <input type="text"/> 5. Full Name : <input type="text"/>			Nationality : <input type="text"/> Nationality : <input type="text"/> Nationality : <input type="text"/> Nationality : <input type="text"/> Nationality : <input type="text"/>
11.	NON CITIZEN ONLY : Date of First Residence in Ghana : <input type="text"/> Expiry Date of Last Residence Permit : <input type="text"/> Employer Address : <input type="text"/> Employer Tel Number 1 : <input type="text"/> Issue Date of Last Residence Permit : <input type="text"/> Employer Name : <input type="text"/> Employer Tel Number 2 : <input type="text"/>			
12.	VERIFICATION DOCUMENT TYPE : <input type="text"/> B I R T H C E R T I F I C A T E <input type="text"/> Date Issued (DD/MM/YYYY) : <input type="text"/> 0 8 / 0 7 / 2 0 1 6 <input type="text"/> Document No. / NID : <input type="text"/> 0 2 0 1 1 5 5 4 3 8 1 9 9 7 <input type="text"/>			
13.	DUAL CITIZENSHIP ONLY : Other Country of Nationality : <input type="text"/> Dual Nationality Certificate No. : <input type="text"/> NATURALIZATION / REGISTRATION CERT. NO : <input type="text"/>			
14.	Local Phone Numbers 1 <input type="text"/> 0 5 0 1 0 5 0 7 3 1 <input type="text"/> 3 <input type="text"/> 0 5 0 2 2 6 4 8 5 5 <input type="text"/> Foreign Phone Numbers 1 <input type="text"/> 2 <input type="text"/> Email Address : <input type="text"/> N I T R O G A N N Y @ G M A I L . C O M <input type="text"/>			
15.	INSTITUTIONAL IDs : SSNIT No. <input type="text"/> Voter ID No. <input type="text"/> Passport No. <input type="text"/> National Health Insurance Scheme No. <input type="text"/> Driver Licence No. <input type="text"/> Tax Identification Number (TIN) <input type="text"/> Date Joined (DD/MM/YYYY) <input type="text"/> Date Issued (DD/MM/YYYY) <input type="text"/> Date Issued (DD/MM/YYYY) <input type="text"/> Date Issued (DD/MM/YYYY) <input type="text"/> Date Issued (DD/MM/YYYY) <input type="text"/> Date Issued (DD/MM/YYYY) <input type="text"/>			
16.	Challenged <input type="checkbox"/>			

I declare that all the information presented for this application is true and correct and that all documents that i have provided for this application are genuine.

I understand that if any information I have provided for this application is false or incorrect, I will be liable to persecution in accordance with Section 40 of the National Identity Register 2008 Act 750 as well as any other law or regulation which maybe in force at the time.

I understand the information and documents I have provided in respect of this application are stored by the NIA and I have the right to have them updated should they change.

I declare that all the information contained in this application form has been read, interpreted and explained to me in a language I understand and I perfectly understood and approved same before my hand was guided to make my mark

APPLICANT'S SIGNATURE  
THUMBPRINT \*

{ }

[ ]

Interviewer's Signature



**REPUBLIC OF GHANA**  
**NATIONAL IDENTIFICATION AUTHORITY**

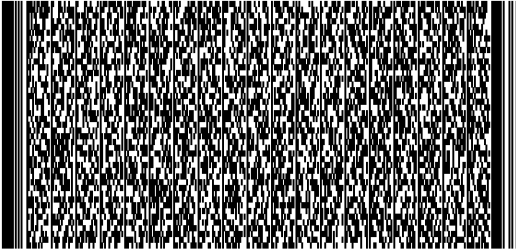
**BARCODE TRANSFER SHEET**

(Section 4 of the National Identity Register Act, 2008, Act 750)

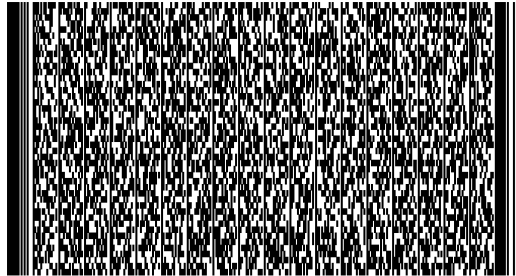


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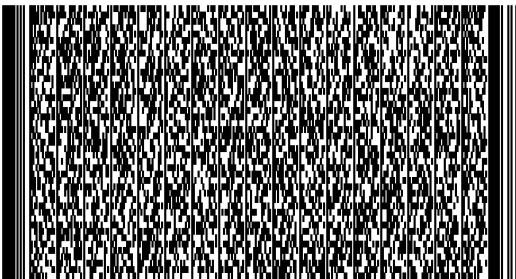
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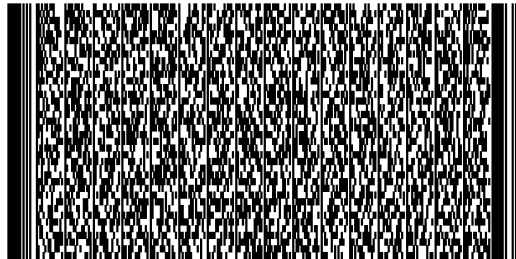
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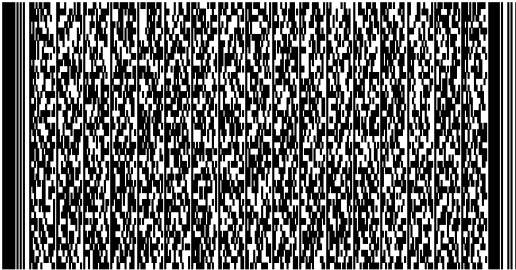
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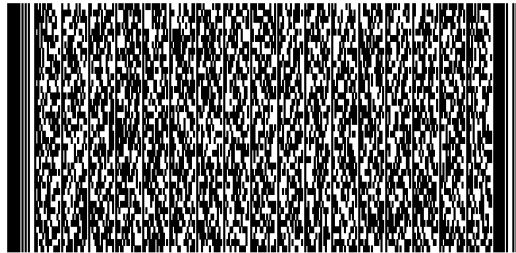
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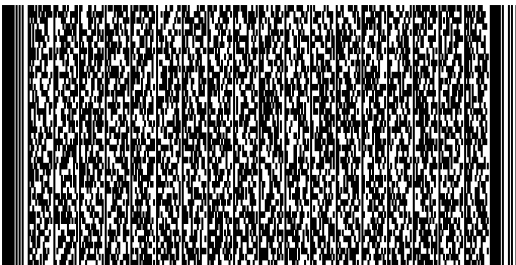
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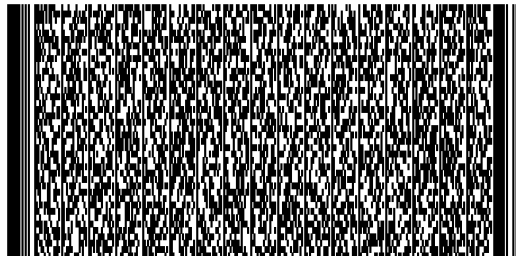
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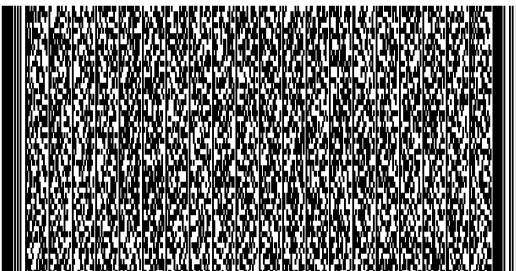
4.



9.



5.



10.

