

NATIONAL IDENTIFICATION NUMBER - ABRIDGED ENROLMENT FORM

PLEASE FILL THE FORM IN BLOCK LETTERS AND TICK AS APPROPRIATE

WHAT ARE YOUR NAMES?																								
* TITLE (Mr. / Mrs./ Master/ Miss/ Ms.):																								
* LASTNAME:																								
* FIRST NAME:																								
MIDDLE NAME:																								
OTHER NAMES:																								
MAIDEN NAME:																								
WHERE DO YOU LIVE?																								
* TOWN/CITY OF RESIDENCE:																								
* COUNTRY OF RESIDENCE:																								
* STATE /PROVINCE:																								
* LOCAL GOVERNMENT AREA OF RESIDENCE:																								
* ADDRESS OF RESIDENCE:																								
																							POSTAL CODE	

WHEN AND WHERE WERE YOU BORN?																								
* DATE OF BIRTH:		D	D	M	M	Y	Y	Y	Y															
* DATE OF BIRTH VERIFICATION:		VERIFIED				APPROXIMATE				DECLARED														
* PLACE OF BIRTH - COUNTRY:																								
* PLACE OF BIRTH - STATE:																								
* PLACE OF BIRTH - LGA:																								

WHERE ARE YOU FROM?																								
* PLACE OF ORIGIN - COUNTRY																								
* PLACE OF ORIGIN - STATE																								
* PLACE OF ORIGIN - LGA																								
* PLACE OF ORIGIN - TOWN																								

* GENDER: (M / F)		* HEIGHT (centimeters)			HAIR COLOUR																			
* RESIDENCE STATUS (IN NIGERIA):		BIRTH				NATURALIZATION				REGISTRATION														
* NATIONALITY:																								
ANY PHYSICAL CHALLENGES?																								
BLIND		DEAF			DUMB			PARALYZED				OTHERS												

YOUR NATIONAL IDENTIFICATION NUMBER (FOR APPLICANT'S PERSONAL DATA UPDATE ONLY)																								
NATIONAL IDENTIFICATION NUMBER (NIN):																								

TELEPHONE:																								
EMAIL ADDRESS:																								

*HOME DELIVERY OF THE NIN SLIP (courier fees will apply):												YES	NO											
DELIVERY ADDRESS (If Different from Residence)																								
												POSTAL CODE												

Can we contact you with information related to your application?												YES	NO		
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DETAILS OF YOUR PARENTS (MINORS (UNDER-16 ONLY))													
* FATHER'S SURNAME													
* FATHER'S FIRST NAME:													
FATHER'S MIDDLE NAME:													
FATHER'S NIN (If available)													
* MOTHER'S SURNAME													
* MOTHER'S FIRST NAME:													
MOTHER'S MIDDLE NAME:													
MOTHER'S MAIDEN NAME:													
MOTHER'S NIN (If available)													

YOUR SUPPORTING DOCUMENTS (PLEASE BRING ALONG ORIGINAL COPY To THE ENROLMENT CENTER)																		
	DOCUMENT NUMBER										DOCUMENT EXPIRY DATE (DD/MM/YYYY/)							
ANY IDENTITY REFERENCE											D	D	M	M	Y	Y	Y	Y
IMMIGRATION DOCUMENT											D	D	M	M	Y	Y	Y	Y
NATIONAL INSURANCE											D	D	M	M	Y	Y	Y	Y
NIGERIA DRIVER LICENCE											D	D	M	M	Y	Y	Y	Y
NIGERIAN PASSPORT											D	D	M	M	Y	Y	Y	Y
OTHER DESIGNATED DOCUMENT											D	D	M	M	Y	Y	Y	Y
OTHER NATIONAL IDENTITY CARD											D	D	M	M	Y	Y	Y	Y
OTHER PASSPORT											D	D	M	M	Y	Y	Y	Y
OTHER TRAVEL DOCUMENT											D	D	M	M	Y	Y	Y	Y

I certify that the information provided by me on this form is complete, true and accurate. I understand that the information provided by me on this form and my biometrics shall constitute my personal information/data to be entered into the National Identity Database. I consent to sharing of my data provided herein with any organization permitted by the NIMC Act 23 of 2007 and within the Nigerian Law. I hereby apply for a National Identification Number (NIN) and a National Identity (Smart) Card. I accept that this form may be scanned, saved and discarded after use as the Commission may deem fit. I understand and accept that if any information I have provided herein is not correct or is false, the Commission reserves the right of prosecution if discovered.

Applicant's Signature

*Date	D	D	M	M	Y	Y
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