PLEASE NOTE: THIS FORM IS NOT FOR SALE. REPORT ANY SUCH PRACTICE TO NIMC ON 08157691214, 08157691071, 08157691145

NATIONAL IDENTITY MANAGEMENT COMMISSION

UNDER THE SUPERVISION OF THE

Federal Ministry of Communications and Digital Economy

NATIONAL IDENTIFICATION NUMBER (NIN) ECOSYSTEM ENROLMENT FORM v.1.0

PLEASE FILL IN BLOCK LETTERS AND TICK (✓) AS APPROPIATE. FIELD MARKED * is a Mandatory Field

WHAT ARE YOUR NAMES? A

*TITLE: (Mr / Mrs/ Master/ Miss/ Ms):

*SURNAME:

*FIRSTNAME:

MIDDLE NAME

ARE YOU HOMELESS? YES ( ) NO ( ) IF NO, WHERE DO YOU LIVE? B

*COUNTRY OF RESIDENCE

*STATE OF RESIDENCE

*LGA OF RESIDENCE/COUNTY

*TOWN/ CITY OF RESIDENCE

*ADDRESS OF RESIDENCE

POST CODE

WHERE WERE YOU BORN? C

*DATE OF BIRTH D D M M Y Y

*PLACE OF BIRTH-COUNTRY

PHYSICAL FEATURES D

* GENDER/SEX MALE FEMALE HEIGHT in centimeters

YOUR NATIONALITY STATUS? E

*NATIONALITY:

COUNTRY OF ORIGIN

STATE OF ORIGIN

LGA OF ORIGIN

OTHER PERSONAL DETAILS? F

MARITAL STATUS: SINGLE MARRIED SEPERATED DIVORCED WIDOWED

TELEPHONE NO

EMAIL ADDRESS

SUPPORTING DOCUMENT

SUPPORTING DOCUMENT NUMBER. EXPIRY DATE. D D M M Y Y

*NIN (For Data Modification only)

PARENT/GUARDIAN DETAILS (FOR CHILD ENROLMENT ONLY) G

*PARENT/GUARDIAN SURNAME:

*PARENT/GUARDIAN FIRST NAME:

*PARENT/GUARDIAN NIN:

DECLARATION/ATTESTATION H

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 SIGNATURE: DATE D D M M Y Y

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