



Form One
(regulation 3(1))
REPUBLIC OF GHANA
NATIONAL IDENTIFICATION AUTHORITY
NATIONAL IDENTITY CARD APPLICATION FORM



1 TYPE OF APPLICANT * : CITIZEN PERMANENTLY RESIDENT PERSON WITH RESIDENCE PERMIT REFUGEE

2 TYPE OF REQUEST*: Issuance Update Replacement Re-Issue MRW Number*:

Date of Application (DD/MM/YYYY)*: / /

Interviewer NID No.*: - -

EXISTING NID NUMBER - -

Registration Centre Number*:

3 SURNAME * :

SEX * : Marital Status * : Single

FORENAMES * : (First name and Other Names)

PREVIOUS OR MAIDEN NAMES :

Height * (cm) :

Colour of Eyes * :

Colour of Hair * :

Disability Code :

Level of Education * : None Basic Secondary Tertiary Higher

4 Birth Certificate No.

Date Issued (DD/MM/YYYY) / /

DATE OF BIRTH * (DD/MM/YYYY) / /

If Estimated Date of Birth : Nationality at Birth * :

Current Nationality * :

PLACE OF BIRTH

Village :

Town :

Region :

Country:

District :

State :

HOMETOWN * :

Village :

Town :

Region :

Country:

District :

State :

5 OCCUPATION * :

6 RESIDENTIAL ADDRESS * :

Village :

Town :

Region :

Country :

District :

State :

House No.:

Street Name :

Community Area Name :

ZIP/Postal Code :

Postal Address :

Digital Address Code :

7 LANGUAGE(S) SPOKEN :

1 2 3 4 5 6 7

8 9 10 11 12 13 14

8 APPLICANT'S PARENTAGE * :

Full Name of Father :

Nationality

Is Father alive ? Yes No

FATHER'S HOME TOWN :

Village :

Town :

Region :

Country :

District :

State :

Full Name of Mother :

Mother's Maiden Name :

Nationality

Is Mother alive ? Yes No

MOTHER'S HOME TOWN :

Village :

Town :

Region :

Country :

District :

State :

9 Next of Kin :

Address :

10 SPOUSE(S) LIST :

| | | | |
|----------------|----------------------|---------------|----------------------|
| 1. Full Name : | <input type="text"/> | Nationality : | <input type="text"/> |
| 2. Full Name : | <input type="text"/> | Nationality : | <input type="text"/> |
| 3. Full Name : | <input type="text"/> | Nationality : | <input type="text"/> |
| 4. Full Name : | <input type="text"/> | Nationality : | <input type="text"/> |
| 5. Full Name : | <input type="text"/> | Nationality : | <input type="text"/> |

(Note: In case of more than five (5) Spouses, please use Spouses Form)

11 NON CITIZEN ONLY :

Date of First Residence in Ghana * : / /

Issue Date of Last Residence Permit : / /

Expiry Date of Last Residence Permit : / /

Employer Name :

Employer Address :

Employer Tel Number 1 :

Employer Tel Number 2 :

12 VERIFICATION DOCUMENT (TYPE) :

Document No. / NID :

Date Issued (DD/MM/YYYY) : / /

13 DUAL CITIZENSHIP ONLY :

Other Country of Nationality :

Dual Nationality Certificate No. :

NATURALIZATION / REGISTRATION CERT. NO.:

14 Local Phone Numbers :

1

2

3

4

Foreign Numbers :

1

2

Email Address :

15 INSTITUTIONAL Ids :

| | | | |
|--------------------------------------|----------------------|--------------------------|--|
| SSNIT No. | <input type="text"/> | Date Joined (DD/MM/YYYY) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Voter ID No. | <input type="text"/> | Date Issued (DD/MM/YYYY) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Passport No. | <input type="text"/> | Date Issued (DD/MM/YYYY) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| National Health Insurance Scheme No. | <input type="text"/> | Expiry Date (DD/MM/YYYY) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Driver Licence No. | <input type="text"/> | Date Issued (DD/MM/YYYY) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Tax Identification Number (TIN) | <input type="text"/> | Date Issued (DD/MM/YYYY) | <input type="text"/> / <input type="text"/> / <input type="text"/> |

16 Challenged :

I declare that all the information presented for this application is true and correct and that all documents that I have provided for the purposes of 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 prosecution in accordance with Section 40 of the National Identity Register Act, 2008 (Act 750) as well as any other law or regulation which may be in force at the time.

I understand that the information and documents I have provided in respect of this application are stored and handled 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 OR THUMBPRINT * →

[Interviewer's Signature]

Printing Sequence Number

* : Mandatory to fill