# National Identification Number (NIN) Enrolment Form

**PLEASE FILL THE FORM IN BLOCK LETTERS AND TICK AS APPROPRIATE**

## What Are Your Names?

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LASTNAME:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST NAME:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MIDDLE NAME:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER NAMES:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MAIDEN NAME:</strong></td>
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</tbody>
</table>

**Have You Changed Your Name Before?**

- [ ] Yes
- [ ] No

**If No, Where Do You Live?**

- **TOWN/CITY OF RESIDENCE:**
- **COUNTRY OF RESIDENCE:**
- **STATE OF RESIDENCE:**
- **LOCAL GOVERNMENT AREA OF RESIDENCE:**
- **ADDRESS OF RESIDENCE:**

**When and Where Were You Born?**

- **DATE OF BIRTH:**
- **DATE OF BIRTH VERIFICATION:**
- **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**

**Where Is Your Father From?**

- **PLACE OF ORIGIN - COUNTRY**
- **PLACE OF ORIGIN - STATE**
- **PLACE OF ORIGIN - LGA**
- **PLACE OF ORIGIN - TOWN**

**Where Is Your Mother From?**

- **PLACE OF ORIGIN - COUNTRY**
- **PLACE OF ORIGIN - STATE**
- **PLACE OF ORIGIN - LGA**
- **PLACE OF ORIGIN - TOWN**

**Your Physical Features**

- **GENDER:**
- **HEIGHT:**
- **HAIR COLOUR:**
- **TRIBAL MARKS:**
- **RESIDENCE STATUS:**
- **NATIONALITY:**
- **VISIBLE SCARS:**
- **OTHERS:**
- **BIRTH:**
- **NATURALIZATION:**
- **REGISTRATION:**
- **HUNCH BACK:**

**Any Physical Challenges?**

- **BLIND**
- **DEAF**
- **DUMB**
- **PARALIZED**
- **OTHERS**

**About the Card**

- **CARD TYPE:**
- **ISSUING BANK:**

**Your National Identification Number**

(FOR APPLICANT'S PERSONAL DATA UPDATE ONLY)

**National Identification Number (NIN):**

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**Please Note:** This form is not for sale. Report any such practice to: 0700-CALL-NIMC (0700-225-5646)
### YOUR SUPPORTING DOCUMENTS

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Document Number</th>
<th>Document Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY IDENTITY REFERENCE</td>
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<td></td>
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<tr>
<td>IMMIGRATION DOCUMENT</td>
<td></td>
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<tr>
<td>NATIONAL INSURANCE</td>
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<tr>
<td>NIGERIA DRIVER LICENCE</td>
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<tr>
<td>NIGERIAN PASSPORT</td>
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<tr>
<td>OTHER DESIGNATED DOCUMENT</td>
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<tr>
<td>OTHER NATIONAL IDENTITY CARD</td>
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<tr>
<td>OTHER PASSPORT</td>
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<tr>
<td>OTHER TRAVEL DOCUMENT</td>
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</tbody>
</table>

### YOUR OTHER DETAILS

- **MARITAL STATUS:** □ DIVORCED □ MARRIED □ SEPARATED □ SINGLE □ WIDOWED
- **MAIN NATIVE LANGUAGE SPOKEN:**
- **LANGUAGE YOU READ AND WRITE:**
- **OTHER LANGUAGE SPOKEN:**
- **EDUCATION LEVEL:** □ CERTIFICATION □ NONE □ POST-GRADUATE □ PRIMARY □ SECONDARY □ TERTIARY
- **RELIGION:** □ CHRISTIANITY □ ISLAM □ TRADITIONAL □ OTHER
- **OCCUPATION/PROFESSION:**
- **TELEPHONE:**
- **EMPLOYMENT STATUS:** □ EMPLOYED □ UNEMPLOYED □ PENSIONER □ SELF EMPLOYED
- **EMAIL ADDRESS:**

### DETAILS OF YOUR PARENTS

- **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 NIN (if available):**
- **MOTHER’S MAIDEN NAME:**

### GUARDIAN DETAILS

- **SURNAME:**
- **FIRST NAME:**
- **MIDDLE NAME:**
- **NATIONAL IDENTIFICATION NUMBER:**

### YOUR NEXT OF KIN DETAILS

- **SURNAME OF NEXT OF KIN:**
- **FIRST NAME OF NEXT OF KIN:**
- **MIDDLE NAME OF NEXT OF KIN:**
- **RELATIONSHIP WITH NEXT OF KIN:**

### ADDRESS OF YOUR NEXT OF KIN

- **COUNTRY OF RESIDENCE:**
- **STATE OF RESIDENCE:**
- **LOCAL GOVERNMENT AREA OF RESIDENCE:**
- **TOWN/CITY OF RESIDENCE:**
- **STREET ADDRESS:**

### NEXT OF KIN’S NIN:

### DECLARATION / ATTESTATION

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

ALL FIELDS MARKED □ MUST BE FILLED

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