# THE REPUBLIC OF THE GAMBIA
## NATIONAL IDENTITY MANAGEMENT SYSTEM
## CITIZEN APPLICATION FORM

*: *Official use only*

| M | R | W | N | o. |
|---|---|---|---|---|
| | | | | |

1 **TYPE OF REQUEST*:** Replacement (Lost/Damaged) ☐ New ☐ Reissue ☐ Update ☐

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

**Interviewer NIN No.*:** - -

**EXISTING NIN NUMBER** - -

**Registration Centre Number*:**

3 **SURNAME *:**

**SEX *:**

**Marital Status *:** Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

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

**If Estimated Date of Birth :** ☐

**Nationality at Birth *:**

**Current Nationality *:**

**PLACE OF BIRTH**

**Village : Town :** **Region :** **District : State :** **Country:**

**HOMETOWN * :**

**Village : Town :** **Region :** **District : State :** **Country:**

5 **OCCUPATION * :**

6 **RESIDENTIAL ADDRESS * :**

**Village : Town :** **Region :** **District : State :** **Country:**

**House No.:** **Street Name :**

**Postal Address :**

**Digital Address Code :** **ZIP/Postal Code:**

7 **APPLICANT'S PARENTAGE * :**

**Full Name of Father :**

**FATHER'S HOMETOWN :** **Nationality** **Country:** **Is Father alive ?** Yes ☐ No ☐

**Village : Town :** **Region :** **District : State :**

**Full Name of Mother :**

**Mother's Maiden Name :**

**MOTHER'S HOME TOWN :** **Nationality** **Country:** **Is Mother alive ?** Yes ☐ No ☐

**Village : Town :** **Region :** **District : State :**

8 **Next of Kin :**

**Address :**

National Identity Management System (NIMS)

9 **SPOUSE(S) LIST :**

**1. Full Name :** **Nationality :**

**2. Full Name :** **Nationality :**

**3. Full Name :** **Nationality :**

**4. Full Name :** **Nationality :**

**(Note: In case of more than four (4) Spouses, please use Spouses Form)**

10 **VERIFICATION DOCUMENT (TYPE) :**

**Date Issued**

- ☐ **Birth Certificate** D D / M M / Y Y Y Y
- ☐ **Seyfo's Certificate** D D / M M / Y Y Y Y
- ☐ **Alkalo's Attestation** D D / M M / Y Y Y Y
- ☐ **Passport** D D / M M / Y Y Y Y
- ☐ **Voter's ID** D D / M M / Y Y Y Y
- ☐ **Naturalization Certificate** D D / M M / Y Y Y Y
- ☐ **Registration Certificate** D D / M M / Y Y Y Y

***Institutional IDs***

- ☐ **Social Security No.** D D / M M / Y Y Y Y
- ☐ **Tax Identification No.(TIN)** D D / M M / Y Y Y Y
- ☐ **National Health No.** D D / M M / Y Y Y Y

***Expiry Date***

- ☐ **Driver Licence No.** D D / M M / Y Y Y Y

11 **APPLICANT'S CONTACT:**

**Local Phone Numbers :** 1 2 3 4

**Foreign Numbers :** 1 2

**Email Address :**

12 **DECLARATION:** 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 19 of the Gambia Nationality and Citizenship Act. I understand that the information and documents I have provided in respect of this application are stored and handled by the MoI 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 understoodand approvedsamebefore my hand was guided to make my mark.

| **Applicant's Signature or Thumbprint** | **Interviewer's Signature** | **Referred?** **Yes** ☐ **No** ☐ D D / M M / Y Y Y Y *Official use only* |
|---|---|---|
| **Enrolment Officer's Name:** | **Enrolment Officer's Signature & Date:** | **Comments:** |

13 **AUTHENTICATION:**

I hereby certify that the applicant has been personally known to me for several years and that, to the best of my knowledge and belief, the information provided in this application form is true and correct. I further confirm that I am a Gambian citizen

**Authenticator's NIN** - -

**Signature**

**Date** D D / M M / Y Y Y Y

*Official Stamp*

*** : Mandatory to fill**



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