



THE REPUBLIC OF THE GAMBIA
NATIONAL IDENTITY MANAGEMENT SYSTEM
NON-CITIZEN APPLICATION FORM



*: Official use only

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1	TYPE OF APPLICANT *: Resident only ☐ Resident and Work Permit ☐	
2	TYPE OF REQUEST*: Replacement (Lost/Damaged) ☐ New ☐ Reissue ☐ Update ☐	
3	Date of Application (DD/MM/YYYY)*: Interviewer NIN No.*: EXISTING NIN NUMBER Registration Centre Number*:	
4	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 ☐	
5	DATE OF BIRTH * (DD/MM/YYYY) If Estimated Date of Birth : ☐ Nationality at Birth *: Current Nationality *: PLACE OF BIRTH Village : Region : District : Town : Country: HOMETOWN *: Village : Region : District : Town : Country:	
6	OCCUPATION *:	
7	RESIDENTIAL ADDRESS *: Village : Region : District : Town : Country: House No.: Street Name : Postal Address : Digital Address Code : ZIP/Postal Code:	
8	APPLICANT'S PARENTAGE *: Full Name of Father : Nationality Country: Is Father alive ? Yes ☐ No ☐ FATHER'S HOMETOWN : Village : Region : District : Town : State : Full Name of Mother : Mother's Maiden Name : MOTHER'S HOME TOWN : Village : Nationality Country: Is Mother alive ? Yes ☐ No ☐ Town : Region : District : State :	
9	Next of Kin : Address :	

10 **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)

11 **ENTRY/RESIDENCE INFORMATION**

Date of Entry *:		Port of Entry *:	
Date of First Residence in Gambia *:		Issue Date of Last Residence Permit :	
Expiry Date of Last Residence Permit :		Employer Name :	
Employer Address :			
Employer TIN :		Employer Tel Number :	

12 **DEPENDENTS:**

Full name:																	
Relationship:																	
☐ Birth Certificate									☐ Passport								
Full name:																	
Relationship:																	
☐ Birth Certificate									☐ Passport								

(Note: In case of more than two (2) Dependents, please use Dependents Form)

13 **VERIFICATION DOCUMENT (TYPE) :**

	Date Issued
☐ Birth Certificate	
☐ Embassy/Consular Certificate	
☐ Ecowas Citizens (National ID)	
☐ Passport	
☐ TIN Certificate	

14 **APPLICANT'S CONTACT:**

Local Phone Numbers :	1		2	
Foreign Numbers :	1		2	
Email Address :				

15 **DECLARATION:**

I declare that the following furnished by me are correct to every detail and I understand that under Section 31,(n) of the Gambia Immigration Act 1965, it is an offence to obtain a Residential Permit by means of false declaration.

Applicant's Signature or Thumbprint	Interviewer's Signature	Referred? Yes ☐ No ☐										
		<table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Official use only	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
Enrolment Officer's Name:	Enrolment Officer's Signature & Date:	Comments:										