



NATIONAL IDENTIFICATION AUTHORITY
REGISTRATION APPLICATION FORM (INSTITUTION)

Kindly complete this Application Form and return to NIA or via email: mobileregistration@nia.gov.gh

1. Name of Institution: _____
2. Physical Address of Institution: _____
3. Digital Address of Institution: _____
4. Details of Focal Person/Officer-In-Charge at Institution:
 - a. Full Name: _____
 - b. Designation at Institution: _____
 - c. Telephone Number: _____
 - d. Email Address: _____

Details of Request

(Please provide information on the staff you want to register)

1. Total Number of Applicants (Please note that the minimum number is 50)

2. Names of Applicants to be registered (**Attach List**)
3. Number of Applicants with Birth Certificates and/or Valid Passports: _____
4. Physical Address of proposed location for Registration Exercise:

5. Digital Address of proposed location for Registration Exercise: _____
6. Region: _____
7. Proposed date for the Registration Exercise: _____

Signature of Focal Person/Officer-In-Charge: _____ Date: _____