



# Identity Verification Services User Request Form

Kindly complete this Request Form and return it to NIA or via email at [identityverification@nia.gov.gh](mailto:identityverification@nia.gov.gh)

## 1. Details of Institution

Name of Institution	
<input type="text"/>	
Physical Address	
<input type="text"/>	
Digital Address	Postal Address
<input type="text"/>	<input type="text"/>

## 2. Details of Focal Person/Officer-In-Charge at Institution

Full Name	
<input type="text"/>	
Designation	
<input type="text"/>	
Telephone Number	Email Address
<input type="text"/>	<input type="text"/>

## 3. Required Documents & Other Information (kindly attach copies of applicable documents when submitting this form)

Document	Tick as Applicable		Description	Attached
	Yes	No		
a. Copy of Business Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<i>Documentation confirming the legal registration of the institution's business. For public institutions, may include the Acts of Parliament or enactments establishing the institution</i>	<input type="checkbox"/>
b. Copy of Business License	<input type="checkbox"/>	<input type="checkbox"/>	<i>Licence issued by the institution's Regulator in confirmation of its objects or mandate</i>	<input type="checkbox"/>
c. Copy of Provisions of Law(s) Permitting Collection of Personal Data	<input type="checkbox"/>	<input type="checkbox"/>	<i>Section(s) of law(s) permitting the collection of personal data for the institution's operations</i>	<input type="checkbox"/>

Document	Tick as Applicable		Description	Attached
	Yes	No		
d. Copy of Data Protection Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<i>Valid Certificate issued by the Data Protection Commission, Ghana to the institution as Data Controllers or Processors</i>	<input type="checkbox"/>
e. Copy of SSNIT Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<i>Where applicable, valid certificate issued by the Social Security and National Insurance Trust to the institution</i>	<input type="checkbox"/>

**Kindly indicate how your institution intends to incorporate the use of the Ghana Card in its business operations**

*Attach a document that outlines the process flow and the role of the Ghana Card within the process.*

**4. Datasets Required (please indicate the datasets required upon successful verification)**

<input type="checkbox"/> 1. Surname	<input type="checkbox"/> 10. Place of Birth (Village/Town)	<input type="checkbox"/> 18. SSNIT ID Number
<input type="checkbox"/> 2. Forename(s)	<input type="checkbox"/> 11. Telephone Number(s)	<input type="checkbox"/> 19. Driver's License Number
<input type="checkbox"/> 3. Previous/Maiden Name	<input type="checkbox"/> 12. Email Address	<input type="checkbox"/> 20. Passport Number
<input type="checkbox"/> 4. Date of Birth	<input type="checkbox"/> 13. Level of Education	<input type="checkbox"/> 21. National Health Insurance Number
<input type="checkbox"/> 5. Sex	<input type="checkbox"/> 14. Occupation	<input type="checkbox"/> 22. Voter ID Number
<input type="checkbox"/> 6. Nationality	<input type="checkbox"/> 15. Type of Disability	<input type="checkbox"/> 23. Tax Identification Number
<input type="checkbox"/> 7. Marital Status	<input type="checkbox"/> 17. Details of Spouse	
<input type="checkbox"/> 8. Postal Address	<input type="checkbox"/> 16. Next-of-Kin Details (Name, Address)	
<input type="checkbox"/> 9. Residential Address (Physical Address and Digital Address Code)		

**Signature of Focal Person/Officer-In-Charge**

**Date**