



Mobile Registration Request Form

Please fill out this form and send it back to NIA by email at mobileregistration@nia.gov.gh

D D M M Y Y Y Y

Date: _____

Basic Information

Name of Institution / Household / Group

Physical Address

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Contact Person

Full Name

Phone Number(s)

Email Address

Registration Details

Total Number of Applicants (Minimum of 7):

<u>Application Type</u>	<u>Number of Applicants</u>
New Registration
Personal Information Update
Card Replacement
Nationality Update

Location and Date

Preferred Date for Registration: _____

D D M M Y Y Y Y

NB: Confirmation of proposed date is subject to payment of all fees in advance and availability of a slot on the proposed date.

Physical Address of Registration Location

Digital Address of Registration Location

Region

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Signature of Focal Person: