\*: Mandatory to fill.

TYPE OF APPLICANT	*:PERMANENT _	
CITIZEN 🗆	RESIDENT -	RESIDENT

## REPUBLIC OF GHANA NATIONAL IDENTIFICATION AUTHORITY APPLICATION FORM

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## REPUBLIC OF GHANA NATIONAL IDENTIFICATION AUTHORITY APPLICATION FORM - NON CITIZEN ADDENDUM



Passport #:	Colour of Eyes *:	Colour of Hair :	
Date of First Residence in Ghana*: (DD/MM/YYYY)	Issue Date of Last Residence Permit* : (DD/MM/YYYY)	Expiry Date of Last Resident Permit*: (DD/MM/YYYY)	
Telephone Number *:	Telephone Number:	Telephone Number:	
Telephone Number:	Telephone Number:	Telephone Number:	
Email Address *:			
Email Address *:			