



THE REGISTRATION OF PERSONS ACT, 2015

**APPLICATION FOR REPLACEMENT OF LOST, DEFACED OR DAMAGED*
NATIONAL IDENTIFICATION CARD.**

I.....the undersigned hereby apply for replacement of my lost , defaced , or damaged (Tick Where applicable)

*National Identification Card NIN .../.../.../.../.../.../.../.../.../.../.../.../.../.../.../.../ (attach a copy of the national identification card, if available)

Particulars of applicant

2. Surname

Given names Other names

3. Previous or maiden names (if any)

4. Sex

5. Date of birth (dd/mm/yy) .../.../.....

6. Place of birth

(a) Village.....

(b) Parish.....

(c) sub county.....

(d) county

(e) District.....

7. Place of origin

(a) Village.....

(b) Parish.....

(c) sub county.....

(d) county

(e) District.....

8. Indigenous community to which applicant belongs

9. Clan (where applicable).....



10. Postal address

11. Residential address

(a) Village.....

(b) Parish.....

(c) sub county.....

(d) county

(e) District.....

12. Occupation

13. Profession

14. Highest level of education attained (primary, secondary, tertiary).....

15. Marital status (Married, single, divorced, widowed or separated)

16. Name of spouse (where applicable)

17. Particulars of applicant's children (Number, names, sex and ages of children).....

18. Height of applicant

19. Colour of eyes

20. Colour of hair

Details of applicant's parents

21. Father's names and place of birth (give particulars of clan)

22. Mother's names and place of birth (give particulars of clan).....

23. Previous nationality (if any) (attach proof of renunciation)

24. Two contemporary descendants

(a)

(b).....

25. Passport number of applicant (if any)

(a) Place of issue.....



(b) Date of issue(dd/mm/yy) .../.../.....

(c) Issuing authority

26. Applicant's blood group

27. Driving licence number

28. Tax identification number

DECLARATION.

I,, declare that the information given in this application is true and correct to the best of my knowledge and belief and that I have not lost my status as a citizen of Uganda.

Signature Thumbprint Date (dd/mm/yy) .../.../.....

FOR OFFICIAL USE ONLY

(a) Application received and checked by

Signature of registration officer Date (dd/mm/yy) .../.../.....

(b) Comments of registration officer

(c) Authority's decision.....

Date (dd/mm/yy) .../.../.....Signature of Registration officer.....