



THE REGISTRATION OF PERSONS ACT, 2015

To: The Executive Director
National Identification and Registration Authority
Kampala

REQUEST TO CONFIRM INFORMATION IN THE REGISTER

1. Name of person or Institution making request

a. Surname
Given name Other names.....

Address

Physical address

- i. Village.....
- ii. Parish
- iii. Sub county
- iv. County
- v. District
- vi. Telephone.....
- vii. Email

b. Institution

Name:.....
Address:.....
Telephone:.....

2. Information required to be confirmed

Name	Date of Birth	National Identification Number

3. Reason for request: State why you need to confirm the information in respect of the persons listed

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Dated this.....day of.....20.....

Signed.....

Approved by:		
Director, RO	Director, Legal	Director, ICT
Names:	Names:	Names:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:
Date:	Date:	Date: