



Republic of Liberia

# NATIONAL IDENTIFICATION REGISTRY

Allison Street, Congo Town



## Application Form – eVerification

[\* Mandatory Fields to be filled by the Applicant.]

\*Name of Institution: \_\_\_\_\_

\*Current Address: \_\_\_\_\_

Head of Institution: \_\_\_\_\_

*Last Name*

*First Name*

*Middle Name*

Head Title: \_\_\_\_\_ NIN: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Institution Focal Person: \_\_\_\_\_

*Last Name*

*First Name*

*Middle Name*

Position: \_\_\_\_\_ NIN: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Sex/Gender:  Female  Male      \*Date of Birth: \_\_\_\_\_  
*Month      Day      Year*

\*Service Type:  Bank  Telcos  GOL  NGO  others \_\_\_\_\_

Amount of Users: \_\_\_\_\_ Fees: \_\_\_\_\_

\*Payment type:     Monthly     Quarterly     Semi Annually     Annually

Signed \_\_\_\_\_  
**Focal Person Signature**

Date: \_\_\_\_\_  
**Month      Day      Year**

Signed \_\_\_\_\_  
**Head of Institution Signature & Stamp**

Date: \_\_\_\_\_  
**Month      Day      Year**

### NIR Office Use

\*Approving Officer: \_\_\_\_\_  
**Last Name      First Name      Middle Name**

\*Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_