



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: _____