APPLICATION FOR DUPLICATE
IDENTIFICATION CARD

NAME OF APPLICANT: _____

PRESENT ADDRESS: _____

HOW LONG LIVING AT PRESENT ADDRESS: _____

DATE IDENTIFICATION CARD GOT LOST: _____

ACTION TAKEN TO REPLACE LOST I.D. CARD: _____

_____
SIGNATURE OF APPLICANT

FOR OFFICIAL USE ONLY

1. **REGISTRATION SECTION**

Registration Number _____ **NIC Number** _____

COMMENTS: _____

_____

Registration Clerk: _____ **Date** _____

Supervisor: _____ **Date** _____

_____

2. **DATA CONTROL UNIT**

COMMENTS: _____

Data Control Clerk: _____ **Date** _____

Supervisor: _____ **Date** _____