

**THE NATIONAL IDENTIFICATION AND REGISTRATION ACT**

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**The National Identification and Registration  
Regulations, 2024**

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**FIRST SCHEDULE** (Regulations 2, 3, 7, 8,  
9, 10, 11, 12, 14, 15,  
16 and 17)

**FORM 2A**

**CERTIFICATE OF AUTHORISATION TO ACT ON  
BEHALF OF**

┆ **INDIVIDUAL SEEKING TO ENROLL IN THE NATIONAL  
IDENTIFICATION AND REGISTRATION SYSTEM (NIDS)**

┆ **ENROLLED INDIVIDUAL**

1. Full name of Individual who requires representation.....  
.....

2. National Identification Number of Individual who requires representation  
(where applicable):  
xxx-xxx-xxx

3. Full name of the person seeking to be recognised as the authorised  
representative of the individual named above .....

4. Reason for representation:  Infirmity  Disability  Advanced Age

5. Description of the relationship between the individual who requires  
representation, and the person being issued authorisation to act:  
.....

I.....hereby  
(insert full name of individual who requires representation)

authorise: .....to:  
(insert name of person being issued authorisation to act)

- complete the application form on my behalf;
- act on my behalf in any interactions with the National Identification and Registration Authority regarding me,

as I am unable to do so due to the disability or condition indicated above.

I issue this authorisation, being of sound mind, of my own free will and without any duress or coercion.

Signature of individual who requires representation:

.....

Date: .....

<b>Marksman Clause</b>
<i>(to be used when the individual who requires representation is unable to sign the application form due to illiteracy, disability or infirmity and is able to and desirous of making his/her mark)</i>
Name of individual who requires representation: _____
Mark of individual who requires representation: _____
I ( <i>insert name of certifying official</i> ) have witnessed ( <i>insert name of the individual who requires representation</i> ) sign this authorisation in my presence after I have read it to him/her and explained its full effect. I am satisfied he/she fully understands the same and its implications, and he/she expressed himself as fully understanding the nature and effect of its contents.
Name of certifying official: _____
Signature of certifying official: _____
<div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 5px;">           Seal/stamp of certifying official  <i>(where applicable)</i> </div>

**TO BE COMPLETED BY A CERTIFYING OFFICIAL**

I hereby certify that I have known .....  
*(insert name of individual who requires representation)* and .....  
*(insert the name of the person being issued authorisation to act)*

for a period of at least twelve months, and may attest to the existence of the relationship indicated above and the truthfulness and accuracy of the description of that relationship between the said individuals.

I am aware that making a false statement in this regard is a crime and may result in charges being brought against me under Jamaican law.

Signed by Certifying Official: .....

Seal/stamp of certifying official  
*(where applicable)*

Name:.....

Date.....

This section must be completed by one of the following certifying officials who is a citizen of Jamaica, is not a family member of the individual who requires representation or the person seeking to be recognised as the authorised representative and may attest to the truthfulness and accuracy of the relationship as described between the individual who requires representation and the person seeking to be recognised as the authorised representative of that individual:

Member of Parliament	Justice of the Peace	Parish Court Judge
High Court Judge	Minister of Religion	Commissioner of Oaths
Notary Public	Attorney-at-law	Consular Officer
Manager of a Bank or Credit Union	Medical Practitioner	Clerk of Courts
Marriage Officer	Dental Surgeon	Army Officer (Major and above)
Police Officer (Gazetted Ranks)	Veterinarian	Principal (Primary, Secondary & Tertiary Educational Institutions)
		Parish Councillor

For overseas individuals requiring representation, this section must be completed by one of the following certifying officials who need not be a citizen of Jamaica, and who is not a family member of the individual who requires representation or the person being issued authorisation to act for that individual, and may attest to the truthfulness and accuracy of the relationship as described between the individual who requires representation and the person being issued authorisation to act:

Jamaican Consular Officer - Consul-General, Consul or Vice-Consul of Jamaica for that country

Justice of the Peace	Notary Public	Attorney-at-Law	Medical Doctor
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Apart from Jamaica Consular Officers, where the document is certified overseas by one of the persons noted above, then a certificate from the relevant body appointing such person or in charge of regulating the profession of that person, should be produced verifying the commission or good standing of such person.