

THE NATIONAL IDENTIFICATION AND REGISTRATION ACT

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

FORM 3

WITHDRAWAL OF APPLICATION TO ENROLL

To: National Identification and Registration Authority
(address)

Date:

Name of person withdrawing application:

Address of person withdrawing application:

Name of authorised representative (where applicable):
.....

Date of Application:.....

Application Reference Number:.....

I hereby withdraw my application to enrol in the National Identification System (NIDS) and my application to be assigned a registration number and in doing so, also withdraw my application to be assigned a registration number by Tax Administration Jamaica for the sole purpose of enrolment in the NIDS.

Upon applying to enrol it was explained to me, and I understand and accept, that –

1. A minimal part of my personal data (namely, my registration number assigned under the Revenue Administration Act, National Identification Number, full name and any previous names used by me, facial image and fingerprints) may continue to be processed despite the withdrawal of my application for enrolment, for the purpose of prevention of identity theft and other types of identity fraud, and in line with the requirements for such retention pursuant to the National Identification and Registration Act, the Data Protection Act and any other law which mandates such processing. If my request to withdraw is received after my enrolment is completed, the request will be treated as a request for cancellation of my enrolment pursuant to section 14 of the National Identification and Registration Act.
2. That I may still be assigned a registration number by Tax Administration Jamaica if my withdrawal of application is received after the registration number has been assigned to me and the consequences of such assignment.

Signature of applicant/authorised representative:.....

Date of Withdrawal:

Marksman Clause

(to be used when the applicant is unable to sign the application form due to illiteracy, disability or infirmity and is able to and desirous of making his/her mark)

Name of applicant: _____

Mark of applicant: _____

I (*insert name of certifying official*) have witnessed (*insert name of the applicant*) sign the application form 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 the implications and he/she expressed themselves as fully understanding the nature and effect of the contents.

Name of certifying official: _____

Signature of certifying official: _____

Seal/stamp of certifying official
(where applicable)

For official use:

Insert time stamp of receipt of request

Any of the following certifying officials may assist the individual to complete the marksman clause:

Member of Parliament Justice of the Peace Parish Court Judge High Court
Judge Public Officer (SEG 1 and above) Minister of Religion Commissioner of
Oaths Notary Public Attorney-at-law Consular Officer
Bank Manager Credit Union Manager 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 Enrolment Supervisor