

**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 5  
REQUEST FOR CANCELLATION OF ENROLMENT**

**To: The National Identification and Registration Authority  
(address)**

Date: .....

Name of enrolled individual: .....

National Identification Number of enrolled individual: .....

Address of enrolled individual: .....

Name of authorised representative.....

Relationship to the enrolled individual .....

Proof of Relationship.....

Pursuant to section 14(1)(b) of the National Identification and Registration Act, 2021, I  
hereby request cancellation of my enrolment in the National Identification System.

My reasons for cancelling my enrolment are:

I have attained the age of eighteen years on the    day of                    , 20    and  
wish to cancel my enrolment

Other:.....

I do not wish to indicate my reasons

It was explained to me, and I understand and accept, that 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) will continue to be processed upon the cancellation of my  
enrolment for the purpose of prevention of identity theft and other types of identity fraud,  
and in accordance 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.

.....  
Signature of enrolled individual /authorised representative:

Date:

<b>Marksman Clause</b>
<i>(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)</i>
Name of applicant: _____
Mark of applicant: _____
I ( <i>insert name of certifying official</i> ) have witnessed ( <i>insert name of the applicant</i> ) 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
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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