

THE NATIONAL IDENTIFICATION AND REGISTRATION ACT

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

FIRST SCHEDULE

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

FORM 6

REQUEST FOR INFORMATION BY INDIVIDUAL

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

I hereby request that the details of my personal data (which includes but is not limited to identity information) be provided by the National Identification and Registration Authority as outlined below:

- 1. Name of requesting individual to whom the personal data relates (the “data subject”):

Last

First

Middle

Name of authorised representative:

Last

First

Middle

Nature of relationship of authorised representative.....

Proof of relationship.....

- 2. National Identification Number of data subject (*where applicable*):

xxx-xxx-xxx

- 3. Contact Information:

(Information will be sent electronically to the email address stated below unless requested to be provided in paper copy which may attract a cost).

Mailing Address:

Tel.: Fax:

Email Address

Other arrangement for receipt of information

- 4. Please provide the details of the following (*please tick the required boxes*):

[] Statement of processing² of personal data of data subject by the Authority

[] Reason(s) for processing of personal data

[] Disclosure(s) of personal data

[] Reason(s) for disclosure(s)

[] Identity of person(s) to whom personal data was disclosed

[] Applicable time period, (if ticked, please provide details) -

Verification of Identity Information

²The Data Protection Act defines “processing” as the obtaining, recording or storing of information or personal data, or carrying out any of the following operations on the information or personal data by automated means or otherwise – organization, alteration, adaptation, retrieval, consulting or use, disclosure by transmitting or disseminating or making available, alignment, combining, blocking, erasure, destruction or anonymization.

- Request(s) for verification received Fulfilled request(s)
- Details of the person(s) requesting verification
- Denied requests Reason for denial of requests
- Applicable time period, (if ticked, please provide details) -

Authentication of National Identification Number and National Identification Card

- Request(s) for authentication received Fulfilled request(s)
- Denied request(s) Reason(s) for denial of request(s)
- Details of the person(s) requesting verification
- Applicable time period, (if ticked, please provide details) -

State the details of your request: *(Please state all information available to you which will assist us in fulfilling your request).*

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I hereby certify that I am the data subject/the Authorised Representative of the data subject

Signature of Data Subject/Authorised Representative:

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Date:

Print Name:

Marksman Clause	
<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: _____	
<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Seal/stamp of certifying official <i>(where applicable)</i> </div>	

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

The Authority will notify you within thirty (30) days after the receipt of the request as to the action taken by the Authority in relation to the request. Where the request is refused, you will be advised of the reasons for such refusal. You may appeal the decision of the Authority by filing a notice of appeal to the Appeal Tribunal within twenty-eight (28) days of the date specified above. Further information on how to file your appeal can be found on the Authority's website or by contacting the Authority or the Appeal Tribunal.