

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 7
REQUEST FOR ALTERATION OF IDENTITY INFORMATION
IN NATIONAL IDENTIFICATION DATABASES

To: The National Identification and Registration Authority
(address)

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

1. Name of Individual to whom the personal data relates:

Last

First

Middle

Name of authorised representative:

Last

First

Middle

Nature of Relationship of authorised representative.....

Proof of Relationship.....

2. National Identification Number: xxx-xxx-xxx

3. Address: (Please indicate the address to which correspondence related to your application should be sent).

Mailing

Tel.: Fax

Business.....

Tel.: Fax

Email

Other

4. The identity information contained in the National Databases about me is:

[] Incomplete

[] Incorrect

Other (state): (for example, out of date) Misleading

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

6. The alteration(s) required is/are:

.....
.....
.....

7. I understand that all identity information submitted for alteration will be verified in accordance with the process of verification undertaken upon an application to enrol in the National Identification System prior to being altered and entered into the National Identification Databases. The following document(s) are being submitted in support of the request for alteration (*please refer to the List of Applicable Verifying Documents for guidance*) as it relates to the truth and accuracy of the identity information to be altered:

8. Document(s)

A. To verify

- i. Type.....
- ii. Number (Reference, Entry, Control or other)
- iii. Date of [] document DD/MM/YYYY [] Issue DD/MM/YYYY
[] expiration DD/MM/YYYY
- iv. Category
- v. Issuing Authority.....
- vi. Country of Issue.....

B. To verify

- i. Type.....
- ii. Number (Reference, Entry, Control or other)
- iii. Date of [] document DD/MM/YYYY [] Issue DD/MM/YYYY
[] expiration DD/MM/YYYY
- iv. Category
- v. Issuing Authority.....
- vi. Country of Issue.....

C. To verify

- i. Type.....
- ii. Number (Reference, Entry, Control or other)
- iii. Date of [] document DD/MM/YYYY [] Issue DD/MM/YYYY
[] expiration DD/MM/YYYY
- iv. Category
- v. Issuing Authority.....
- vi. Country of Issue.....

9. I hereby swear that all the information provided by me is true and accurate and that no false, misleading or inaccurate information was provided by me. I understand that it is a criminal offence to knowingly provide untrue, misleading or inaccurate information to

the Authority and that such offence is punishable under the National Identification and Registration Act and the law of Jamaica.

Date.....

Signature of applicant

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:	_____	
<table border="1" style="margin: auto;"> <tr> <td style="text-align: center;">Seal/stamp of certifying official <i>(where applicable)</i></td> </tr> </table>		Seal/stamp of certifying official <i>(where applicable)</i>
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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

The Authority will notify you within fourteen (14) 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.