

# National Identity Card For Overseas Pakistanis



## National Database and Registration Authority

Ministry of Interior, Government of Pakistan

Paste your recent photograph here

Do not use Pin or Staple

FILLABLE FORM

### Instructions

- (a) Read carefully the instructions given at the back before filling the form.
- (b) One of the addresses (Present / Permanent) MUST be a Pakistani Address.
- (c) Form will be rejected if ~~marked~~ fields are left blank.
- (d) Both English and Urdu fields are compulsory to be filled.
- (e) Use CAPITAL letters to fill the form.

Barcode Sticker

Applicant's Old NIC No.

\* 1 Type of Application  New  Duplicate  Renewal  Change  Surrender

\* 2 Family Head NIC / CNIC / NICOP No. \* 3 Relation with Family Head

Applicant's Full Name (First, Middle, Last)

Name length not to exceed 27 characters including spaces.

\* 4

Applicant NIC / CNIC / CRC / NICOP No.

\* 5

Father's Name (First, Middle, Last)

Name length not to exceed 27 characters including spaces.

6\* درخواست دہندہ کا پورا نام

\* 7

Father's NIC / CNIC / NICOP No.

\* 8

Mother's Name (First, Middle, Last)

Name length not to exceed 27 characters including spaces.

9\* درخواست دہندہ کے والد کا پورا نام

\* 9

Mother's NIC / CNIC / NICOP No.

\* 11

Spouse's Name (First, Middle, Last) (compulsory for married or widowed)

Name length not to exceed 27 characters including spaces.

12\* درخواست دہندہ کی والدہ کا پورا نام

\* 13

Spouse's NIC / CNIC / NICOP No.

\* 14

Visible Mark of Identification (Leave blank if not applicable)

(ہجہ / شادی شدہ افراد کے لیے ضروری)

15\* بیوی / خاندان کا پورا نام

\* 16

Country of Stay Abroad (Where the Applicant is residing / likely to reside)

Date of Birth (DD / MM / YYYY)

Home Delivery

\* 17

Pakistani OR Foreign Passport No.

Date of Expiry (DD / MM / YYYY)

- None  
 Pakistan  
 Abroad

\* 19

Country of Issue of Passport

Place of Birth

FEE SCHEDULE  
 New NICOP - C\$42  
 Duplicate, Renewal or Change of NICOP - C\$ 64  
 Fee includes home delivery by DHL

\* 21

Present Address

Address should not exceed 45 characters including spaces.

\* 23

Permanent Address

Address should not exceed 45 characters including spaces.

\* 24

In case of Jammu & Kashmir citizen

\* 25  Azad Jammu & Kashmir  Migrant from Kashmir Valley  Migrant from Jammu Kashmir or Other areas

\* Phone Number (Country Code - City Code - Phone No.) \* Mobile Number

E-mail

Blood Group

\* 26

* 28	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion <input type="checkbox"/> Muslim** <input type="checkbox"/> Christian <input type="checkbox"/> Qadiani / Ahmedi <input type="checkbox"/> Hindu <input type="checkbox"/> Parsi <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Others	Profession <input type="checkbox"/> Business <input type="checkbox"/> Engineering <input type="checkbox"/> Medicine <input type="checkbox"/> IT <input type="checkbox"/> Management <input type="checkbox"/> Law <input type="checkbox"/> Labour <input type="checkbox"/> Student <input type="checkbox"/> Others	Education <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Others	Status / Purpose of Stay Abroad <input type="checkbox"/> Emigrant/Employment Abroad <input type="checkbox"/> Dual Nationality Holder <input type="checkbox"/> Resident/Immigrant Visa Holder <input type="checkbox"/> Resident or intending resident Abroad: (Please tick one of the below)	Applicant's Left Thumb  Thumb impression is not required if the child is one year old or less.	Applicant's Signature (As it appears on legal documents)  Father / Mother must sign in case of infants one year or less.
	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Gratis NICOP <input type="checkbox"/> Student Visa <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Govt. Duty/training <input type="checkbox"/> Dependent of above	Dependent <input type="checkbox"/> OPF Member <input type="checkbox"/> Others <input type="checkbox"/>				

\* 29 Attester Signature \* 30 Attester Name SHOULD NOT BE BLOOD RELATIVE \* 31 Attester CNIC / NICOP No.

\* 32 Mode of Payment Bank Receipt No. Date: Bank Draft No. Date: Nadra Receipt No. Date:

\* 33 Blood Relative Reference Name Relation Amount: Currency:

\* 34 CNIC / NICOP No.

\* 34 I Solemnly affirm that, I believe completely and unconditionally in the finality of the Prophethood of the Prophet MUHAMMAD (PBUH), and that I am not a follower of any person who claims Prophethood on the basis of any interpretation of this word, neither I believe such a claimant to be a reformer or a prophet, nor I belong to Qadiani or Lahori group or call myself Ahmedi.

Signature or Thumb Impression

Mandatory incase of Muslim