

Declaration of Date of Birth Form

To be completed by Ghanaian Applicants without ID

All PARTS must be completed in BLUE and BLACK INK and in BLOCK LETTERS only. All fields on this form are mandatory except otherwise stated.

Part 1: Personal Details

Full Name

Temporal SS No.:

Surname:

First Name(s):

Part 2: Date of Birth DD/MM/YYYY

DECLARATION

I solemnly and sincerely declare that the facts stated above are true and complete to the best of my knowledge and belief, and that all documents that I have provided for the purposes of this application are genuine.

LEFT THUMBPRINT

INDEX

3

4

5

In the absence of a thumb, tick which finger was used

INDEX

3

4

5

RIGHT THUMBPRINT

Signature of Applicant: _____

Date of Completion: _____

DD/ MM / YYYY

Finger(s) amputated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Right Hand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Left Hand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

If the Applicant cannot read and write the English language, the following jurat should also be signed:

I certify that this Application Form, before being signed by the Applicant, was first audibly, clearly and distinctly read over and explained to him/her in a language that he/she understood in my presence and hearing before voluntarily making his/her mark hereto.

Name of Enrolment Officer:

Name of witness:

Signature:

Date:

Signature:

Date:

DD/ MM / YYYY

DD/ MM / YYYY

FOR OFFICIAL USE ONLY

Name of Enrolment Officer:

Signature of Enrolment Officer:

Branch Name:

Date:

Staff No.:

DD/ MM / YYYY

