

REPUBLIC OF MAURITIUS

MINISTRY OF TECHNOLOGY, COMMUNICATION AND INNOVATION MAURITIUS NATIONAL IDENTITY CARD GROUND FLOOR, EMMANUEL ANQUETIL BUILDING PORT LOUIS



TEL: 207 5302/468 1594. FAX: 201 3749/468 1595

APPLICATION FOR MAURITIUS NATIONAL IDENTITY CARD FOR BEDRIDDEN CITIZENS

1.	Particulars of person in whose name the National Identity Card is to be issued:			
(a)	TITLE: (b) NIC NUMBER: (c) MARITAL STATUS			
•	e: S /Married: M /Divorce: D /Widow(er): W)			
(d) SI	URNAME: (e) MAIDEN NAME:			
(f) F	IRST NAME: (g) DATE OF BIRTH:			
(h) G 	ENDER: Male Female (i) PHONE NUMBER(S):			
(j) AD	DDRESS: (House No./Flat No./Building Name):			
•••	Street:			
	Locality:			
2.	Particular of Responsible person for the bedridden Citizen:			
(a)	SURNAME:			
(b)	FIRST NAME:			
1	(c) NIC NUMBER: (d) PHONE NUMBER(S):			
2				
3.	Please provide Location plan at Verso.			
	Photocopies of the following documents should be submitted along with this application form and the riginals to be produced at time of Registration: Birth Certificate, Marriage Certificate (where applicable), etter/Certificate from Prime Ministers' Office (PMO) (where applicable), Parent(s)' ID card (where applicable),			

Proof of Address, Previous ID Card or Police Memo (in case of loss of previous ID card).



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5. IMPORTANT: Incomplete, Inadequate or Inaccurate filling of the form may cause delay in the Home Visit registration of the ID card and this office will not be responsible for any such delay.

4 **DECLARATION**

5	I, the undersigned responsible person of the k	edridden citizen, declare that the particulars i	n
this c	application form are true and accurate.		
6			
7	Date:	Signature:	