VERIFIER FORM - NICOP

4 درخواست دہندہ کی تصدیق (Applicant's Declaration)

- I understand that the above information, I have asked for and obtained explanation on every point that was not clear to me.
- I understand that the information I provided may be verified and I consent to this verification.
- I certify that the information given on any form and on any attached document is correct, complete and accurate and that it is a serious offence to provide false or misleading information and that the provision of false or misleading information may be grounds for my prosecution.

تاریخ (Applicant's Signature) دستخط

سال	مہینہ	دن
/	/	

2 درخواست دہندہ کی معلومات (Applicant's Information)

پورا نام

والد کا نام

والدہ کا نام

زوج کا نام

3 گواہوں کی معلومات (Verifier Information)

ا پورا نام

ب پورا نام

APPLICANT'S FINGERPRINTS

5 RIGHT THUMB	**6** RIGHT INDEX	**7** RIGHT MIDDLE	**8** RIGHT RING	**9** RIGHT LITTLE

10 LEFT THUMB	**11** LEFT INDEX	**12** LEFT MIDDLE	**13** LEFT RING	**14** LEFT LITTLE

Instructions

- The information provided in form must not differ from information submitted in online application form. In case the information provided in form is incorrect, incomplete or different from the information provided in online application form, your application may be delayed or rejected. We strongly recommend that you ensure your information is correct before uploading your form.
- Use **BLACK** ink pad to capture the fingerprint impressions on the form.
- Ensure that the fingerprint impressions are within the boundaries of the designated field or box and are according to the specifications mentioned in the guideline (http://id.nadra.gov.pk/fingerprint-requirements/)

- Ensure notations are made for any missing fingerprints(i.e. Amputation)
- Ensure that the form is printed on **A4/Letter** page size.
- The form must be scanned at **600dpi in greyscale**.
- The form size must not exceed **3 MB**.