



For Official Use Only												
Application No	:											
Applicaion Date	:	D	D	M	M	Y	Y	Y	Y	Y	Y	Y

PLB ID CARD FORM

* Marked fields are mandatory

APPLICANT PARTICULARS DETAILS

Title (Please [<input type="checkbox"/>] appropriate option) *	Mr.	Mrs.	Miss.	Ms.		Fix Passport Size Photo						
Surname Name *												
Other Name *												
Occupation *												
Phone Number *												
Email Address												
Office Address												
					PIN No.							
Residential Address												
					PIN No.							

REFERENCE PARTICULARS DETAILS

Full Name of Referee *												
Occupation *												
Phone Number *												
Email Address												
Official Address												
					PIN No.							
Residential Address												
					PIN No.							
Referee's Signature												

IDENTIFICATION PARTICULARS

State the Mode of Identification * (Please [<input type="checkbox"/>] check appropriate box)	International Passport	Drivers' Licence	National ID card														
Identification Number *																	
Date Issued *	D	D	M	M	Y	Y	Y	Y	Expiry Date *	D	D	M	M	Y	Y	Y	Y

DESIRED SUBSCRIBER'S POST OFFICE IDENTITY CARD

Choose the appropriate box * (Please [<input type="checkbox"/>] check appropriate box)	New
	Renewal (State the Previous Post Office Identity Card No.)
	National ID card
	Loss
	Replacement (State the Previous Post Office Identity Card No.)

SUBSCRIBER'S DECLARATION

	I the undersigned hereby apply for the issuance of a Post Office Identity Card and declare, that the information given in this application is correct to the best of my knowledge and belief.											
Date *	D	D	M	M	Y	Y	Y	Y	Signature / Thumb Impression (if illiterate) *			