



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

<input type="checkbox"/>	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.
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Date *	D	D	M	M	Y	Y	Y	Y											Signature / Thumb Impression (if illiterate) *
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