



**PERSONAL INFORMATION**

NHI Number:

Last Name:

First Name:

Middle Name(s):

Date of Birth :  M  M /  D  D /  Y  Y

Telephone Number:

Address :

Email :

Place of Employment:

Occupation:

Start Date:  M  M /  D  D /  Y  Y

Marital Status:

Date of Marriage:  M  M /  D  D /  Y  Y

Spouse's Name:

Spouse's employment status:  Employed  Unemployed  Self-Employed  Residing Overseas

Proof of identification (i.e. passport, work permit, belonger's cards) must be submitted

ID Type:  Passport |  Belongers card |  Work Permit

ID Number:

Issue Date:  M  M /  D  D /  Y  Y

Expiry Date:  M  M /  D  D /  Y  Y

Country of Issue:

Applicant's Signature:

*\*Please sign within the box, using a black ink pen. Additional forms may need to be filled if information has changed.*

Officer Notes:

**CHILDREN**

Name:

Date of Birth:  M  M /  D  D /  Y  Y

NHI Number:

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Name:

Date of Birth:  M  M /  D  D /  Y  Y

NHI Number:

*\*Please use lines at the back of form for additional information\**

\_\_\_\_\_  
Officer's Signature

**YOUR SECURITY FOR A LIFETIME**

More Information :

- (284) 852- 7860
- [www.vinhi.vg](http://www.vinhi.vg)
- [info@vinhi.vg](mailto:info@vinhi.vg)

*Please see page two (2) for list of requirements.*

