



The Presidency

NATIONAL IDENTITY MANAGEMENT COMMISSION

SECTION A.

This section to be completed by institution requesting NIN enrolment in their offices

ONSITE ENROLMENT CHECKLIST		
S/N	ITEM	REMARKS
1	NAME OF REQUESTING INSTITUTION	
2	LOCATION OF ONSITE ENROLMENT	
3	PROPOSED DATE OF ENROLMENT	
4	PROPOSED COMPLETION DATE	
5	TOTAL NUMBER OF PERSONS FOR ENROLMENT	
6	NUMBER OF PERSONS UNDER 16 YEARS FOR ENROLMENT	
7	PARENTAL CONSENT AND NIN OF PARENTS OF PERSONS UNDER 16 YEARS OF AGE (OBTAINED OR NOT)	
8	IDENTIFIED OFFICE SPACE FOR ENROLMENT (GOOD VENTILATION & COOLING IN PLACE)	
9	PROVISION OF ADEQUATE LIGHTENING IN IDENTIFIED OFFICE	
10	3 NOS. TABLES AND 6 NOS. CHAIRS FOR ENROLMENT PERSONNEL	
11	WAITING AREA AND CHAIRS FOR CLIENTS	
12	AVAILABILITY OF COLOUR PRINTER FOR NIN SLIP PRINTING (SPECIFICATION: HP Laser Jet Pro 402 DW) for use to print NIN Slips	
13	UNINTERUPTED POWER SUPPLY	
14	INTERNET CONNECTIVITY OR 3 MOBILE NETWORK DONGLES WITH INTERNET DATA	
15	STAFF OF REQUESTING INSTIUTION FOR CROWD MANAGEMENT AND CONTROL	
16	CONTACT PERSON NAME, PHONE NO & SIGNATURE	



The Presidency

NATIONAL IDENTITY MANAGEMENT COMMISSION

SECTION B

This section to be completed by NIMC STAFF

ACTIVITIES	NAME	RANK	DATE	SIGNATURE
LOCATION INSPECTION CARRIED OUT BY (NAME, RANK OF STAFF & SIGNATURE)				
NO OF EQUIPMENT RECOMENDED FOR DEPLOYMENT				
NO OF PERSONNEL RECOMMENDED FOR DEPLOYMENT				
NAME AND DESIGNATION OF RECOMMENDED LOCATION SUPERVISOR				
APPROVAL DATE FOR ACTIVATION OF LOCATION				
APPROVED BY: NAME				
DESIGNATION				
DATE OF APPROVAL				
SIGNATURE OF APPROVING STAFF				

SECTION C

1.0 Monthly Report of exercise(s) for the reporting month submitted to state coordinator/zonal/GMOPS and DGM inspectorate

1.1 Date submitted to State/Regional/GM OPS :.....

1.2 Received by: (a) Operations Dept.....

1.3 Date submitted to inspectorate

1.4 Received by