Application for Kinship Verification

Name of applicant		
Resident ID Card No		
Contact number:		
declare the kinship with the following person	on(s):	
Name of person(s) concerned	Resident ID Card No.	Relationship
Attached documents: If DSI needs to call the applicant for application matter.	ers, the phone conversation will be rec	corded.
☐ I do not agree to record the phone conversation. I red If the applicant is below 18 years old, the application f		
Date: / / Signat	ture: e sign according to Resident ID Card)	
I the applicant cannot sign, piease impress the right is	and muex imger.	
oinion:	Approved / Not approved	Registration no.
		Pagistrar