



FAMILY REGISTRATION & APPLICATION FOR A CIVILIAN ID CARD

THIS FORM MUST INCLUDE ALL ACCOMPANYING DEPENDENTS IRRESPECTIVE WHETHER THEY ARE ENTITLED TO AN ID CARD

PART 1 HEAD OF HOUSEHOLD DETAILS					
Service/Staff Number:	Rank or Title (1):	Organisation / Service:			
Surname:	Forenames (In Full):				
Unit/Dept & Address:	Unit Identification Number (UIN):				
Start of Tour (3):	End of Tour:	Marital Status:			
Civilian Address:	Accommodation Type:				
CIVILIAN HEAD OF HOUSEHOLDS MUST ALSO COMPLETE THE FOLLOWING BOXES FOR AN ID CARD					
Date of Birth:	Gender:	Nationality:			
Passport No:	Expiry Date:	Type of ID Card (2):			
NSE:	Religion:	Equivalent Messing Rate (5):			
For Completion by ID Office Only					
ID Card Serial Number:		Date of Expiry:		Date of Issue:	
PART 2a SPOUSE/CIVIL PARTNER DETAILS *NOT TO BE USED FOR VISITORS					
Surname:	Forenames (In Full):				
Title:	Marital Status:	Gender:			
Date of Birth:	Religion:	Nationality:			
Passport No:	Expiry Date:	Type of ID Card:			
For Completion by ID Office Only					
ID Card Serial Number:		Date of Expiry:		Date of Issue:	
PART 2b CHILD 1 DETAILS					
Surname:	Forenames (In Full):				
Title:	Marital Status:	Gender:			
Date of Birth:	Religion:	Nationality:			
Passport No:	Expiry Date:	Type of ID Card:			
For Completion by ID Office Only					
ID Card Serial Number:		Date of Expiry:		Date of Issue:	

PART 2c CHILD 2 DETAILS

Surname:		Forenames (In Full):	
Title:	Marital Status:	Gender:	
Date of Birth:	Religion:	Nationality:	
Passport No:	Expiry Date:	Type of ID Card:	

For Completion by ID Office Only

ID Card Serial Number:		Date of Expiry:		Date of Issue:	
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PART 2d CHILD 3 DETAILS

Surname:		Forenames (In Full):	
Title:	Marital Status:	Gender:	
Date of Birth:	Religion:	Nationality:	
Passport No:	Expiry Date:	Type of ID Card:	

For Completion by ID Office Only

ID Card Serial Number:		Date of Expiry:		Date of Issue:	
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PLEASE USE ADDITIONAL FORMS IF MORE THAN THREE CHILDREN**PART 3 CERTIFICATE BY HEAD OF HOUSEHOLD**

*I certify that I am aware of the conditions in FSI(G) 1005 governing the requirement to be issued an identity card.
I undertake to return all issued Identity Cards to my NSE on cessation of SOFA status.
I understand that The Ministry of Defence will use the information I have provided on this application form, for administration and management purposes and for statistical analysis and that they may disclose the information to service providers for these purposes.
I confirm that I am authorised to provide the personal data of all of the individuals listed on this form to be used as detailed in the above statement.
I confirm that all individuals listed are living with me at my Residence at Work Address (RWA).
I certify that I have read and understand the privacy notice in FSI(G) 1005 on how my personal data will be used.*

(You have various rights (such as the right to a copy of your personal data held by us) under the General Data Protection Regulation. These rights are explained in the privacy notice.)

Date (3) :		Signature:	
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PART 4 CERTIFICATE BY NSE HEAD OF LOCATION

NSE Location:

Rank/Title & Name:

Appointment (4):

*I certify that In accordance with the Status of Forces Agreement (SOFA) the above listed family are entitled to use facilities as authorised members of the Civilian Component or Dependents of a members of the Armed Forces/members of the Civilian Component, and the conditions governing the issue and use of identity cards have been explained to *him/her. I can confirm that the applicant is living with the family members (listed above) at the RWA and commuting daily.*

Date (3) :		Signature:	
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PART 5 NEXT OF KIN DETAILS – FOR CIVILIAN COMPONENT FAMILIES ONLY

A record of your Next of Kin (NOK) details are required in order that they may be contacted if required in cases of emergency

Head of Household Nominations (Max x 2)

NOK Full Name	Full Address & Telephone Number:	Notify Direct	Relationship
		Yes No - do not notify direct	
Additional NOK (if req) Full Name	Full Address & Telephone Number:	Notify Direct	Relationship
		Yes No - do not notify direct	

Spouse / Civil Partner Nominations (Max x 2)

NOK Full Name	Full Address & Telephone Number:	Notify Direct	Relationship
		Yes No - do not notify direct	
Additional NOK (if req) Full Name	Full Address & Telephone Number:	Notify Direct	Relationship
		Yes No - do not notify direct	

Signature by Head of Household

Date:	Signature:	
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ALL INFORMATION BOXES LEFT BLANK MUST BE SCORED THROUGH BY MEANS OF A DIAGONAL LINE.

FOR OFFICE USE ONLY:
All Blank Information boxes have been scored through and the information has been checked.

Name:..... Signature:..... Date:.....

Notes for completion:

1	<p>Enter one of the following: abbreviated military rank</p> <p>or</p> <p>Dr Master Miss Mr Mrs Ms etc</p>	2	<p>Choose one of the following:</p> <p>FREE INITIAL – Initial issue on arrival FREE RENEWAL – when ID Card requires an amendment (ie new passport number or assignment extended) or is unserviceable due to wear and tear. Old card and Annex B to Section 3 of FSI(G) 1005 must be included. FREE REPLACEMENT – only if ID Card has been stolen and on condition that crime reference number provided. FREE – Authorised Young Person aged 18+ with authority issued by GEO granting SOFA Status. PAID REPLACEMENT – when ID Card has been lost or damaged through negligence. Payable to NSE. N/A – Military N/A – Child under 8 N/A – Young Person aged 18+</p>
3	<p>Enter dates in the format: DD MMM YY</p>	4	<p>Head of Location or Authorised NSE Representative over the rank of Warrant Officer (OR8) or Civilian Equivalent.</p>
5	<p>EMR the equivalent Civilian/Military status for the use of Messing Facilities, i.e. SO3 = OF2 = Capt, therefore Officers Mess status.</p>		