

CITIZENSHIP VERIFICATION REVIEW FORM

1. Applicants Personal Information

Applicant ID:..... Sex:.....
 Surname:.....
 Given Names:.....
 Other Names:.....
 Date of Birth:..... Tribe:.....
 Tel:..... Email:.....

2. Parents Place of Birth

Father: Tribe:..... DoB:.....
 Clan:.....
 District:..... County:.....
 Sub-county:..... Parish:.....
 Village:.....
Mother: Tribe:..... DoB:.....
 Clan:.....
 District:..... County:.....
 Sub-county:..... Parish:.....
 Village:..... Tel:.....

3. Reject Reason

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4. Findings of the Legal Department

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Citizenship Type: By Birth By Registration
 By Naturalisation Dual Citizenship

5. Decision reached

Citizenship Approved Rejected Deferred

Supporting Document(s) (specify).....

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6. Clearance

a) Name:..... Title.....
 Signature:..... Date:.....
 b) Name:..... Title.....
 Signature:..... Date:.....