

APPLICATION FOR CIVILIAN REGISTRATION CARD EU NATIONALS

PLEASE COMPLETE EACH SECTION OF THE FORM BELOW IN BLOCK LETTERS AND SIGN WITHIN THE BOX PROVIDED. IF THE FORM HAS BEEN COMPLETED FOR YOU, PLEASE CHECK THAT THE INFORMATION IS CORRECT BEFORE YOU SIGN. TO GIVE FALSE INFORMATION ON THIS FORM KNOWINGLY OR RECKLESSLY IS AN OFFENCE.

NAME		SEX		
NATIONALITY				
PLACE OF BIRTH	DATE OF BIRTH			
COLOUR OF EYES	HEIGHT (CMS)			
ADDRESS (IN GIBRALTAR)				
MARITAL STATUS				
OCCUPATION				
EMPLOYER				
CONTACT TEL/EMAIL:				

FOR OFFICE USE ONLY

DATE RECEIVED							
DATE OF CARD ISSUE	DATE OF FIRST ISSUE						
DATE OF CARD EXPIRY							
CURRENT GIBRALTAR ID CARD NUMBER							
NUMBER ASSIGNED							

SIGNATURE OF APPLICANT
SIGNATURE OF PARENT
SIGNATURE OF LEGAL GUARDIAN
(Please delete as appropriate)

We may pass information on this form (and on the card record that this application relates to) to other government organisations and law enforcement agencies in order to check your application and whenever a card issued as a result of this application is used.