

7880 Keele Street
Vaughan, ON
L4K 4G7
905-532-0042

Both English and Urdu fields are compulsory to be filled.
Use CAPITAL letters to fill the form.

Applicant's Old NIC No.

1 Type of Application New Duplicate Renewal Change Surrender

2 Family Head NIC / CNIC / NICOP No. * 3 Relation with Family Head

FILLABLE FORM

4 Applicant's Full Name (First, Middle, Last) Name length not to exceed 27 characters including spaces.

5 Applicant NIC / CNIC / CRC / NICOP No. 6 درخواست دہندہ کا پورا نام

7 Father's Name (First, Middle, Last) Name length not to exceed 27 characters including spaces.

8 Father's NIC / CNIC / NICOP No. 9 درخواست دہندہ کے والد کا پورا نام

9 Mother's Name (First, Middle, Last) Name length not to exceed 27 characters including spaces.

10 Mother's NIC / CNIC / NICOP No. 12 درخواست دہندہ کی والدہ کا پورا نام

11 Spouse's Name (First, Middle, Last) (compulsory for married or widowed) Name length not to exceed 27 characters including spaces.

12 Spouse's NIC / CNIC / NICOP No. 15 بیوی / خاوند کا پورا نام

13 Visible Mark of Identification (Leave blank if not applicable) (ہجے / شادی شدہ افراد کے لیے ضروری)

14 Country of Stay Abroad (Where the Applicant is residing / likely to reside) 18 Date of Birth (DD / MM / YYYY)

15 Pakistani OR Foreign Passport No. 20 Date of Expiry (DD / MM / YYYY)

16 Country of Issue of Passport 22 Place of Birth

17 Present Address Address should not exceed 45 characters including spaces.

18 Permanent Address Address should not exceed 45 characters including spaces.

19 In case of Jammu & Kashmir citizen

20 Azad Jammu & Kashmir Migrant from Kashmir Valley

21 * Phone Number (Country Code - City Code - Phone No.) * Mobile Number E=Mail address 27 Blood Group

22 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	23 Religion <input type="checkbox"/> Muslim ---- <input type="checkbox"/> Christian <input type="checkbox"/> Qadiani / Ahmedi <input type="checkbox"/> Hindu <input type="checkbox"/> Parsi <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Others	24 Profession <input type="checkbox"/> Business <input type="checkbox"/> Engineering <input type="checkbox"/> Medicine <input type="checkbox"/> IT <input type="checkbox"/> Management <input type="checkbox"/> Law <input type="checkbox"/> Labour <input type="checkbox"/> Student <input type="checkbox"/> Others	25 Education <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Others 26 Gratis NICOP <input type="checkbox"/> Student Visa <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Govt. Duty/training <input type="checkbox"/> Dependent of above	27 Status / Purpose of Stay Abroad <input type="checkbox"/> Emigrant/Employment Abroad <input type="checkbox"/> Dual Nationality Holder <input type="checkbox"/> Resident/Immigrant Visa Holder
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FEE each Application: C\$ 107
Home delivery is included.

In case you do not receive your SNICOP within 15 days, contact us by email for an update. Write tracking number starting with 50451100XXXX and name of the applicant. No phone calls, please.

28 Attester Signature Attester CNIC/NICOP Number (13 digits)

29 Attester Name Attester phone number:

30 * Blood Relative Reference Name Relation:

CNIC / NICOP No.

Brother, Sister and Paternal Father are your blood relatives.
This is MANDATORY field.