



REPUBLIC OF KENYA

Huduma
NAMB
Kwa Huduma Bora

FORM: HN001

Digital
photoDATE
D D M M Y Y Y Y

Serial Number: _____

DIGITAL DATA CAPTURE FORM

(If a child's Age < 6yrs fill the Bio Data Information, Birth Certificate /Notification Entry No, Parent's Details and Exit!)

Bio Data Information					
Name: First Name		Middle Name		Surname	
Name: <input type="text"/>		<input type="text"/>		<input type="text"/>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y		
Place of Birth Details					
Country:	County:	Sub-County:	Division:	Location:	Sub-Location:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability					
Are you living with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify: _____		Disability Registration Number <input type="text"/>	
Citizenship Information					
Citizen			Non-Citizen		
ID/No. <input type="text"/>	Birth Certificate Entry No. <input type="text"/>		Nationality:	Country of Origin:	
NHIF No. <input type="text"/>	Driver's Licence No. <input type="text"/>		Passport No. <input type="text"/>	Alien ID. No./Refugee No. <input type="text"/>	
NSSF No. <input type="text"/>	KRA PIN No. <input type="text"/>		(Expiry date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	(Expiry date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	
Passport No. <input type="text"/> (Expiry date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y			Status: <input type="checkbox"/> Work Permit <input type="checkbox"/> Special Pass <input type="checkbox"/> Dependant Pass <input type="checkbox"/> Pupil Pass <input type="checkbox"/> Intern <input type="checkbox"/> Refugee <input type="checkbox"/> Asylum <input type="checkbox"/> Stateless <input type="checkbox"/> Other		
Marital Status		Spouse Details		ID/Passport No.	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse Name First Name	Middle Name	Surname	<input type="text"/>
		1.			<input type="text"/>
		2.			<input type="text"/>
		3.			<input type="text"/>
		4.			<input type="text"/>
		5.			<input type="text"/>
Parents/Guardian Details					
Father's Name:		First Name	Middle Name	Surname	<input type="checkbox"/> Deceased <input type="checkbox"/> Alive
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	ID/No. / Passport No. <input type="text"/>
Mother's Name:		First Name	Middle Name	Surname	<input type="checkbox"/> Deceased <input type="checkbox"/> Alive
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	ID/No. / Passport No. <input type="text"/>
Guardian Individual Name:		First Name	Middle Name	Surname	<input type="checkbox"/> Deceased <input type="checkbox"/> Alive
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	ID/No. / Passport No. <input type="text"/>
Guardian Institution Name:			Registration No. <input type="text"/>		
<input type="text"/>			<input type="text"/>		

Permanent Physical Address/Home Address

County:	Sub-County:	Division:
Location:	Sub-Location:	Village/Estate/House No.

Current Physical Address

County:	Sub-County:	Division:
Location:	Sub-Location:	Village/Estate/House No.

Contact Details

Postal Address:	Postal Code:	Primary Phone Number	Email Address:
		<input type="text"/>	

Education Details

Level of Education (tick the highest level) <input type="checkbox"/> Pre-primary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Vocational <input type="checkbox"/> Middle level colleges (diploma, certificate) <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate Other: _____	If currently studying, which level? <input type="checkbox"/> Pre-primary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Vocational <input type="checkbox"/> Middle level colleges (diploma, certificate) <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate Other: _____	NEMIS No: <input type="text"/>
		<input type="text"/>

Employment Status

<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Casual	Type of Industry: <input type="checkbox"/> Service <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural	If Self-Employed: <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small & Micro (SME)
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Agricultural Activities

Are you engaged in agricultural activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify: <input type="checkbox"/> Fish Farming <input type="checkbox"/> Tree Farming <input type="checkbox"/> Crops <input type="checkbox"/> Livestock	What is the Land tenure/Ownership status? <input type="checkbox"/> Leased <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Public Land	What is the size of the farm? <input type="checkbox"/> below 5 acres <input type="checkbox"/> 10-50 acres <input type="checkbox"/> 5-10 acres <input type="checkbox"/> 50-100 acres <input type="checkbox"/> over 100 acres
Do you practice irrigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Biometric Details

Digital Fingerprints:						

Respondent: Self Parent Other

If other

First Name	Middle Name	Surname	ID/No./ Passport No. <input type="text"/>
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Disclaimer: I confirm that the information including biometrics provided by me is true, correct and accurate. I am aware that my information including biometrics will be used for generation of a Huduma Namba which is a unique personal identifier across all government systems. I understand that my information may be provided to an authorised Government agency/agencies.

Agree

Digital Respondent's Signature or Digital Respondent's Left Thumb Print	Registration Officer Name			Registration Officer Signature, Stamp and Fingerprint:
	First Name	Middle Name	Surname	

For Official use only

Remarks:

Should the space provided on this form be insufficient, fill the additional information on a white A4 sheet of paper and attach to this form. Write the Registration Number of this form at the top of any additional sheets.