



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 | ID/No. / Passport No. <input type="text"/> |
| Mother's Name: | First Name | Middle Name | Surname | <input type="checkbox"/> Deceased <input type="checkbox"/> Alive | ID/No. / Passport No. <input type="text"/> |
| Guardian Individual Name: | First Name | Middle Name | Surname | <input type="checkbox"/> Deceased <input type="checkbox"/> Alive | ID/No. / Passport No. <input type="text"/> |
| Guardian Institution Name: | Name | | | Registration No. <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Email Address: |
|-----------------|--------------|---|----------------|

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <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) |
|--|--|--|

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: | <input type="text"/> Left Thumb | <input type="text"/> Left Index | <input type="text"/> Left Ring | <input type="text"/> Right Thumb | <input type="text"/> Right Index | <input type="text"/> Right Ring |
| | <input type="text"/> Left Middle | <input type="text"/> Left Little | | <input type="text"/> Right Middle | <input type="text"/> Right Little | <input type="text"/> Right Little |

Respondent: Self Parent Other

If other

| | | | |
|------------|-------------|---------|---|
| First Name | Middle Name | Surname | ID/No./ Passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|------------|-------------|---------|---|

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: <input type="text"/> |
| | 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.