

Embassy of Nepal

Ottawa, Canada NRN ID Registration

408 Queen Street Ottawa, ON, Canada K1R 5A7 Phone: 613-680-5623 Fax: 613-422-5149 www.nepalembassy.ca

Relating to Regulation 3(1)

Registration Application form for Foreign National of Nepali Origin

Chief of the Mission

Embassy of Nepal, Ottawa, Canada

I, the undersigned, hereby apply to register my name as well as to obtain NRN ID card as a Non Resident Nepali, Pursuant to clause 3(1) of Non Resident Nepali Act 2064 and 3(1) of Non Resident Nepali Regulations 2066.

Personal Details

Name:	
Date of Birth (mm/dd/yy):	
Current Address:	
Date of Immigration:	

Name of Father or Mother

Full Name:	
Nationality:	
Citizenship No:	
Address:	

Particulars of Passport

Passport No.:	
Date Issued:	
Date of Expiry:	
Place of Issue:	
Issuing Authority:	

Closest Relative in Nepal

Name:	
Relation:	
Address:	

Contact Information

Home Phone:	
Work Phone:	
Cell Phone:	
Email Address:	

Name of Grandfather or Grandmother

Full Name:	
Nationality:	
Citizenship No:	
Address:	

Particulars of Citizenship

Citizenship No.:	
Date Issued:	
Place of Issue:	
Date of Renouncement:	
Address in Nepal while holding the Nepali Citizenship:	

Previous countries of residence and dates of residence:

Example: Place (Start Date - End Date), Place 2 (Start Date - End Date)

Business, Occupation or Employment

Linployment		If the applicant is interested	to invest
Average Annual Turnover or		in Nepal, please mention the	
Income (USD)		interest to invest in Nepal.	
		If investment is alrea	ady
Area of expertise, knowledge	e,	made	-
experience skills:		Name of Project:	
		Total Investment (NRS):	
		Average Annual Transaction (NRS):	
		Total Employment Generated:	
		Registration Date:	
Applicant's Signture:		information is true to the best of my knowle Date:	
Declaration of pare	nts applying for minors (und	er 18 years) to be signed by both parents sent by mail).	s (to be notarized when
I/we hereby confirm that	the particulars given in the above	application with regard to my/our son/daughte	r
is true. I/we undertake the	e entire responsibility for his/her e	xpenses.	
Father's Name:		Mother's Name:	
Father's Signature:		Mother's Signature:	
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