

SOCIAL SECURITY APPLICATION FORM



Your Nationality

Your Passport Number

Your First Name

Your Last Name

Place of Birth

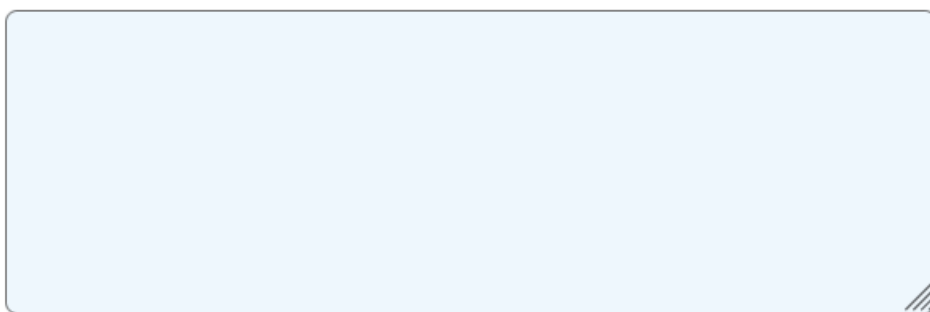
Date of Birth

Email

Phone Number

Country

City

Street Address

With this form, I am uploading and submitting the following:

- A) - The Color Copy of my Passport
- B) - My most recent passport size photo
- C) - And a short video recorded with my mobile phone, telling Mount Vema about myself and what I do. I also acknowledge that the video must not be longer than 2 minutes.

Terms and Conditions

- 1)-By submitting this form, I acknowledge that, if there is a material change in my circumstances or new information relevant to this application, I will inform the Department of the Government of the Kingdom of Mount Vema in charge of the ISN administration.
- 2)-I am aware that it is an offence to make a statement which I know to be false, or not believe to be true.
- 3)-I will abide by any of the conditions that is imposed on my ISN.
- 4)-I have not tried to obtain the ISN by fraud, false representation or concealment of any material fact.

Signature:**Date:**
