



The State of Birland (Bir Tawil)

The Government of the Birland State



BIRLAND CITIZENSHIP APPLICATION FORM

Please attach the addition paper if there is/are any child(ren) mention the name(s), Place, Date of their Birth and their nationality and send your CV and any further notice you wish to add. send to: birlandgov@gmail.com

Surname: _____

First or Given Name: _____

Middle Name: _____

Date of Birth: _____

Permanent Address: _____

Present Address: _____

PASSPORT Number of Government ID _____

Date Issued: _____

Date Valid till: _____

(Please attach your photocopy passport and government ID)

Personal Email: _____

Contact Numbers: _____

Highest Educational Attainment: _____

(Please attach your written Bio with passport size photo)

Nationality(ies): _____

Name of Spouse: _____

Email and Contact Numbers: _____

Email and Contact Number of Spouse or Nearest kin if Single _____

Work /Company Address: _____

Present Occupation: _____

Name of Two Reference Person not related to you:

1. Name: _____

Email: _____

Contact Mobile No: _____

2. Name: _____

Email: _____

Contact Mobile No: _____