

WMID Access Restoration Application Form

Indicate WM-ID, access to which was lost: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Reason for loosing access to WM-ID _____

Application Form to restore access to WM-ID is received. Application Form reference number _____

Applicant Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

ID Type: _____ ID Number: _____

Issued by: _____

Place of issue (Country/City): _____ Date of issue (MM/DD/YYYY): _____

Nationality: _____ Date of Birth (MM/DD/YYYY): _____

Place of Birth (Country/City): _____

Permanent residential address

Street: _____ Zip/Postal Code: _____

State/District: _____ (Country/City): _____

Contact information

Contact phone number(s): _____

Personal email address: _____ WWW: _____

My signature: _____

Date: ____/____/200____