RIGHT THUMB PRINT

APPLICATION FOR A REPUBLIC OF GHANA

PASSPORT

NAME OF APPLICANT

	FOR OFFICIAL USE ONLY I, the undersigned, give an undertaking that this application has been handed over to me by the Applicant in person and that the picture is a true likeness of the Applicant as indicated by the witness.
1 F	REGIONAL OFFICE
	Registration No.
	Remarks
	Full Name of Officer
	SignatureDate
2F	FOR PASSPORT HEAD OFFICE, ACCRA
	PASSPORT NUMBER
	DATE OF ISSUE
	PLACE OF ISSUE
	ENDORSEMENT MADE
	SIGNED BY
	POST OFFICE STAMP PASSPORT OFFICE STAMP

PASSPORT NO. ase read carefully before completing this form.

aution - APPLICANTS, GUARANTORS AND TNESSES ARE TO NOTE THAT THE MAKING A FALSE STATEMENT FOR THE PURPOSE PROCURING A PASSPORT IS AN OFFENCE IDER SECTION 15 OF THE PASSPORT AND AVEL CERTIFICATE DECREE (NLCD. 155, 67)

The application should be submitted with four passport size photographs taken full face on a in background within six months of the date of plication without dark glasses or hat. One of the otographs should be certified as a true likeness he applicant by the witness.

The application should also be submitted with dence of citizenship and identity / name such as hool Certificate, Driver's Licence, Employment/ udent/Other I.D. Cards

Police Report is to attached for missing passports

This application must be submitted in person by Applicant to the Regional Immigration Office or y other office authorised to receive such an applition and should be witnessed by a person in one of ollowing categories to whom the applicant is rsonally known

a) A Clergyman

- b) A commissioned officer of the Armed Forces (Captain and above); Prison Service or the Ghana Police Service (Superintendent or above)
- C) A senior Civil or Public Servant (Principal Executive Officer and above)
- d) A Registered Medical Practioner
- e) A Solicitor or Barrister
- f) Head of recognised Educational Institution
- g) Other recognised professionals registered with their respective regulating bodies

GUARANTORS: By their undertaking, the guarantors are deemed to have agreed jointly and severally to pay all expense that may be incurred by the government on the Applicant in the event of the Applicant being repatriated or dying abroad.

1. (a) Surname		-
2. Previous / Maiden Names(s)		
3. Profession		-
4. Place & Date of Birth		
5. Country of Residence		
6 (a) Heightmcm (b) Colour o		
(c) Colour of hair (d		F
7. Permanent Residential / Postal Addre	ss in FRANCE/POR	TUGAL 13
8. Telephone Number		
9. Last Educational Institution attended	_	
School	Place	Year From TO
10. EVIDENCE OF CITIZENSHIP:	I	1
Nationality & Address		
		4
(ii) Name of Mother		
Nationality & Addresss		
(iii) Birth/Baptism Citizensh Certificate		Id Passport
(a) No (b) Da (c) Place of Issue	te of Issue	
11. Any Two relatives who will act as guara	antors and to be conta	cted in case
of emergency.		
Read paragraph 5 of the instructions.		
(i) Full Name		
Address		1
Telephone No.		
Signature	Date	÷
(ii) Full Name		
Address		
Telephone No		
·		
	Date	

12. DECLARATION BY APPLICANT: I the under	ersigned,			
(a) hereby apply for a Ghana Passport and declare:				
That I have not previously held or applied	fora			
passport of any description.				
(b) That the previous passport No				
me is attached / lost				
·····				
Signature	Date			
13. PARENT / LEGAL GUARDIAN CONSENT	FOR			
APPLICANT UNDER 18 YEARS OF AGE				
I hereby give consent for applicant who is my				
to hold a passport				
Full Name				
Address				
Telephone No				
Signature	Date			
-				
14. FOR PERSONS COMPLETING THIS FOR				
BEHALF OF APPLICANTS WHO CANNOT	READ			
OR WRITE ENGLISH				
The above declaration has been read and inte	•			
by me in thelangu	age to the			
applicant and he / she approves of it.				
Full Name				
Address				
Telephone No				
Signature	Date			
-	Dato			
15. WITNESS:				
Full Name				
Occupation & Position				
Business Address				
Telephone No.				
Residential Address				
Tolophono No				
Telephone No.				
Signature				
Date				