APPLICATION FOR A REPUBLIC OF GHANA PASSPORT

PLEASE FILL OU	JT F	OR	M I	N E	BLO	CK	LE	TTI	ERS	3	TIN:													
TRANSACTION NO:												;	SER	IAL N	IO: 1	8/								
NAME OF APPLICANT Please read carefully b		e cor	mple	etina	this	form																		
Caution -APPLICAL FALSE STATEMENT SECTION 15 OF TH	NTS, I FO	GL R T	JAR HE	AN PU	TOF RPC	RS A	ND OF	PR	ocu	IRII	NG A	A PA	SSI	POR	TIS	AN	OF	FEN	ICE					
1. The application a. Birth C b. Nations c. Old Pa d. Voter II e. Dual C f. Proof c 2. Police Report a 3. This application an application is personally a. A Seni b. A Com the sec c. A Seni d. A Regi e. A Solic f. Head c g. Other i 4. GUARANTOR severally to pevent of the second to	ertifice al Ide sspool Caristizen of narrand and formand with and stere exitor of recognition of the care and	eate ntity of the	Car Chan C	d d d d d d d d d d d d d d d d d d d	lizati by A be be ubmi itnes man of the serve cation derf es th	ion/ I iffida attac tted sed ant (ione and se ione and reaking at no	Region vit of the desired control of the desi	strat or Ga of for I of person of person of tution of terece of the of of or	ion (capture for capture) ion (capture) capture for ca	Certing Putthe In the Canting the Canting the Canting	ficate blicar basspapping of the of the orea orea orea orea orea orea orea ore	e e e e e e e e e e e e e e e e e e e	to a follow about the contractive dee gov	ny of wing ve); regu med vern	iffice cate or people of the lating to I men	auth gorie ersor g boo nave t on	orize sto	ed to who equ	rece om th ivale	eive s ee ap ent ra ntly ant i	ank in			
REGIONAL OFFICE Receipt No: Remarks							/EN	DOF AMI	R'S		PLEASE AFFIX VENDOR RECEIPT HERE													
Full Name of Receivin	g Offi	cer			- [- [PASSPORT OFFICE STAMP																		
Signature					-						Oleas,	ente	er anı	olicatio	nn na	vmen	t PIN							
Date-											Please enter application payment PIN													
PLEASE FILL OU Leave one square betweer																	•	<u> </u>	•	<u> </u>	<u></u>			
1. (a) Surname	- J		io an		, u y	prior.		.o up	pi opi															
(b) First Name																								
(c) Other Names																								
2. Maiden Name(s)																								
3. If name has chang	jed b	y Aff	idav	it or (Gaze	ette F	ublic	catio	n, pro	ovide	e pre	vious	nar	ne.	1	1	1	1	1	1				
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4. a. Date of Birth		/			/					b. G	b. Gender			Male			Fe			
As confirmed by NIS 5. City or Town of Birtl	Day		Mon	th		Ye	ar in full								Circle w	hicheve	er is app	licable		
6. Country of Birth																				
7. (a) Height	m			cm			(b) (Colo	ur of	eyes										
(c) Colour of Hair							(d) V	/isible	e ped	culiar	ities									
8. Nationality																				
9. Marital Status																				
10. (a) Profession																				
(b) Previous Profes	sion																			
11. National ID Card N	D.																			
12. Social Security Nur	nber																			
13. Voter's ID Card No																				
14. Country of Residence	æ																			
15. Zip / Post Code																				
16. City or Town of Resi	dence																			
17. Suburb																				
18.(a) House Number	and S	Stree	t																	
(b) Digital Address	Code																			
19. Postal Address																				
20. Telephone No.																				
21. E-mail																				
22. Current/Last Educa	tional	Institu	ution	Atten	ded															
(a) Institution																				
(b) Address																				
(c) Period From			/					_				_	То			/				
23. EVIDENCE OF CIT	Moi TIZEN		•	Year	r in full									N	Month		Yea	r in full		
a. Name of Father																				
Nationality														Livi	ing?		Yes	3	No	
Postal Address		L		L												С	ircle wh	icheve	' is appl	icable
Residential Add	dress																			
If deceased provide last I	nown ad	dress																		
Home Town																				
Phone Number	-																			
E-mail			<u> </u>																	
b. Name of Mothe	r	<u> </u>	<u> </u>											Liv	ing?		Yes		No	
5. INGINE OF WINDLINE	'													LIV	y :				r is app	licable

Postal Address Residential Address Home Town	Nationality																				
Home Town Phone Number E-mail C. Name of one Grand Parent Nationality Postal Address Residential Residenti	Postal Addres	SS																			
Home Town Phone Number E-mail C. Name of one Grand Parent Nationality Postal Address Residential Address R	Residential A	ddress																			
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C. Name of one Grand Parent Nationality Postal Address Residential																					
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Residential Address	Nationality													Liv	ving?			Yes		No	
If deceased provide last known address	Postal Addre	ss															Ci	rcle whi	chever	is applic	cable
Home Town Phone Number E-mail 24. Do you have dual citizenship? Circle whichever is applicable If yes state other country 25. DO YOU HAVE ANY OF THE FOLLOWING DOCUMENTS? Please circle all that apply A. Birth Certificate B. National Identity Card C. Old Passport D. Voter ID Card E. Dual Citizenship Card F. Naturalization Card Which of the above documents are you attaching? Document type A. B. C. D. E. F. G. Number Date of Issue Day Moorth Vear in full 26. Any two living relatives who will act as guarantors and to be contacted in case of emergency Read paragraph 4 of this instructions a. Full Name Residential Address Postal Address Telephone No. Occupation E-mail Signature Date Date Date Date Date Date Date Dat																					
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Phone Number E-mail 24. Do you have dual citizenship? YES OR NO Circle whichever is applicable If yes state other country 25. DO YOU HAVEANY OF THE FOLLOWING DOCUMENTS? Please circle all that apply A. Birth Certificate B. National Identity Card C. Old Passport D. Voter ID Card E. Dual Citizenship Card F. Naturalization Card Which of the above documents are you attaching? Document type A. B. C. D. E. F. G. Number Date of Issue Day Month Vesir in full 26. Any two living relatives who will act as guarantors and to be contacted in case of emergency Read paragraph 4 of this instructions a. Full Name Residential Address Telephone No. Occupation E-mail Signature Date Day Month Vesir in full																					
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Residential.	Addr	ess																			
Postal Addr	ess																				
Telephone N	No.																				
Occupation																					
E-mail																					
Signature										С	ate			/			/				
27. DECLARATION	I BY	APP	LICA	NT (Can	cel if	not	appl	licab	le)			Day		M	onth			Yea	r in full	
1																					
hereby apply for a Ghanaian Passport and declare:																					
a. that I have not previously held or applied for a passport of any description																					
b. that the previous passport No. granted me is attached / lost																					
And that all above information is true and correct															ble						
Signature Signature											ate			/			/				
													ay			onth			Year	in full	
28. PARENT / LEGAL GUARDIAN CONSENT FOR APPLICANT UNDER 18 YEARS OF AGE																					
	onsent for applicant who is my																to h	nold a	a pas	spor	t
Full Name																					
Address																					
Telephone No.																					
Signature										Da	ate		ay	/	Me	onth	/		Von	r in full	
29. FOR PERSONS C	OMF	PLET	ING T	THIS	FORI	M ON	BEH	IALF	OF A	\PPL	ICAN			CANI			O OR	WRI			SH
The above declaration	on ha	s be	en re	ad a	nd in	terpr	eted	by n	ne in	the				to	the ann	licanta	and ho /	she und	l	ngua	_
Full Name														10	ше арг	nicant a	illu lie /	Sile dilo	ierstan	anu au	cepts
Address						<u> </u>												1			
Telephone No.																		1			
Signature										D	ate			/			/				
30. WITNESS												D	ay		Mo	onth			Year	in full	
Full Name																					
Occupation																					
Position																					
Business Addres	<u> </u>																				
Business Phone	No.																				
Residential Addre	ess																				
Residential Phon	e No																				
Signature										ח	ate			/			/				
Signature	1								L		a.c	D	ay	_ ′	Mo	nth	_ ′		Year	in full	