

APPLICATION FOR A REPUBLIC OF GHANA PASSPORT

PLEASE FILL OUT FORM IN BLOCK LETTERS

TIN:

TRANSACTION NO: _____

SERIAL NO: 18/

NAME OF APPLICANT: _____
Please read carefully before completing this form.

Caution -APPLICANTS, GUARANTORS AND WITNESSES ARE TO NOTE THAT THE MAKING OF A FALSE STATEMENT FOR THE PURPOSE OF PROCURING A PASSPORT IS AN OFFENCE UNDER SECTION 15 OF THE PASSPORT AND TRAVEL CERTIFICATE DECREE (NLCD. 155, 1967)

1. The application should be submitted with i/evidence of citizenship and ii/evidence of identity such as:
 - a. Birth Certificate
 - b. National Identity Card
 - c. Old Passport
 - d. Voter ID Card
 - e. Dual Citizenship/ Naturalization/ Registration Certificate
 - f. Proof of name change if by Affidavit or Gazette Publication
2. *Police Report and affidavit are to be attached for missing passports.*
3. This application form must be submitted in person by the Applicant to any office authorized to receive such an application and should be witnessed by a person in one of the following categories to whom the applicant is personally known:
 - a. A Senior Clergyman/Woman
 - b. A Commissioned Officer of the Armed Forces (Captain and above); or persons of equivalent rank in the security services.
 - c. A Senior Civil or Public Servant (*Principal Executive Officer and above*).
 - d. A Registered Medical Practitioner
 - e. A Solicitor or Barrister
 - f. Head of recognized Educational Institution
 - g. Other recognized professionals registered with their respective regulating bodies
4. **GUARANTORS: By their undertaking, the guarantors are deemed to have agreed jointly and severally to pay all expenses that may be incurred by the government on the Applicant in the event of the Applicant being repatriated or dying abroad.**

FOR OFFICIAL USE ONLY

I, the undersigned, give an undertaking this application has been handed over to me by the Applicant in person.

REGIONAL OFFICE	VENDOR'S STAMP	PLEASE AFFIX VENDOR RECEIPT HERE
Receipt No: _____		
Remarks _____		
Full Name of Receiving Officer _____		
Signature _____		
Date _____	Please enter application payment PIN <input type="text"/> <input type="text"/>	

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Leave one square between each name and use a hyphen where appropriate

1. (a) Surname	<input type="text"/>
(b) First Name	<input type="text"/>
(c) Other Names	<input type="text"/>
2. Maiden Name(s)	<input type="text"/>
3. If name has changed by Affidavit or Gazette Publication, provide previous name.	<input type="text"/>

4. a. Date of Birth		/		/		b. Gender	Male	Female
As confirmed by NIS					Day	Month	Year in full	
5. City or Town of Birth								
6. Country of Birth								
7. (a) Height		m		cm		(b) Colour of eyes		
(c) Colour of Hair						(d) Visible peculiarities		
8. Nationality								
9. Marital Status								
10. (a) Profession								
(b) Previous Profession								
11. National ID Card No.								
12. Social Security Number								
13. Voter's ID Card No.								
14. Country of Residence								
15. Zip / Post Code								
16. City or Town of Residence								
17. Suburb								
18.(a) House Number and Street								
(b) Digital Address Code								
19. Postal Address								
20. Telephone No.								
21. E-mail								
22. Current/Last Educational Institution Attended								
(a) Institution								
(b) Address								
(c) Period From								
Month				/		Year in full		
								To
								/
23. EVIDENCE OF CITIZENSHIP								
a. Name of Father								
Nationality								
Living? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Circle whichever is applicable								
Postal Address								
Residential Address								
If deceased provide last known address								
Home Town								
Phone Number								
E-mail								
b. Name of Mother								
Living? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Circle whichever is applicable								

Nationality															
Postal Address															
Residential Address															
If deceased provide last known address															
Home Town															
Phone Number															
E-mail															
c. Name of one Grand Parent															
Nationality		Living?													
		Yes						No							
Circle whichever is applicable															
Postal Address															
Residential Address															
If deceased provide last known address															
Home Town															
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 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				G. Registration Card				
Which of the above documents are you attaching?															
Document type		A.	B.	C.	D.	E.	F.	G.	Number						
Circle one															
Date of Issue		/	/									Place of Issue			
		Day	Month												
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		/	/				
										Day	Month	Year in full			
b. Full Name															

Residential Address														
Postal Address														
Telephone No.														
Occupation														
E-mail														
Signature								Date		/		/		
								Day		Month		Year in full		

27. DECLARATION BY APPLICANT (Cancel if not applicable)

I														
Full Name														
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														
Cancel if not applicable														
And that all above information is true and correct														

Signature						Date		/		/				
						Day		Month		Year in full				

28. 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		/		/				
						Day		Month		Year in full				

29. FOR PERSONS COMPLETING THIS FORM ON BEHALF OF APPLICANTS WHO CANNOT READ OR WRITE ENGLISH

The above declaration has been read and interpreted by me in the _____ language														
to the applicant and he / she understand and accepts														
Full Name _____														
Address _____														
Telephone No. _____														
Signature						Date		/		/				
						Day		Month		Year in full				

30. WITNESS

Full Name _____														
Occupation _____														
Position _____														
Business Address _____														

Business Phone No. _____														
Residential Address _____														

Residential Phone No. _____														
Signature						Date		/		/				
						Day		Month		Year in full				