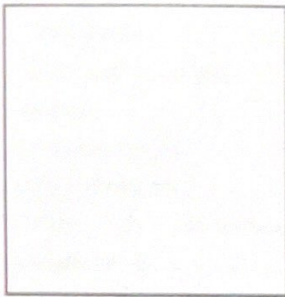


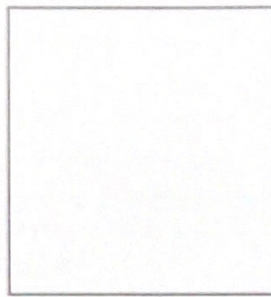
N°

APPLICATION FOR A REPUBLIC OF GHANA
PASSPORT

PHOTOGRAPH



RIGHT THUMB PRINT



NAME OF APPLICANT:

NEW PASSPORT NO.....

Please read carefully before completing this form in
CAPITAL LETTERS.

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.

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. REGIONAL OFFICE

Registration No.....

Remarks.....

Full Name of Officer

Signature.....Date.....

2. FOR PASSPORT HEAD OFFICE, ACCRA

PASSPORT NUMBER.....

DATE OF ISSUE.....

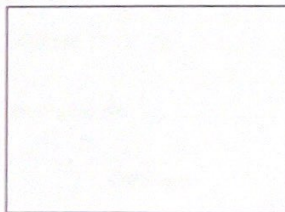
PLACE OF ISSUE.....

ENDORSEMENT MADE.....

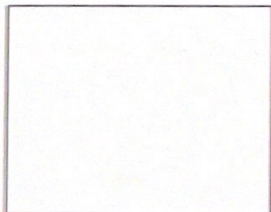
SIGNED BY

.....20.....

POST OFFICE STAMP



PASSPORT OFFICE STAMP



1. The application should be submitted with four (4)
passport size photographs taken full face on a plain
background within six (6) months of the date of
application without dark glasses or hat. One of the
photographs should be certified as a true likeness of
the applicant by the witness.

2. The application should also be submitted with evidence
of citizenship and identity / name such as School
Certificate, Driver's Licence, Employment / Student /
Other I.D. Cards

3. *Police Report, is to be attached for missing passports.*

4. This application must be submitted in person by the
Applicant to the Regional Immigration Office or any
other 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 Clergyman.
- (b) A Commissioned officer of the Armed Forces
(*Captain and above*); Prison Service or the Ghana
Police Service (*Superintendent and above*).
- (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 a recognized Educational Institution.
- (g) Other recognized professionals registered with
their respective regulating bodies.

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.

1. (a) Surname.....
 (b) Other Names
2. Previous / Maiden Name(s).....
3. Profession.....
4. Place & Date of Birth.....
5. Country of Residence.....
- 6 (a) Height.....m.....cm (b) Colour of eyes
- (c) Colour of hair..... (d) Sex M F
7. Permanent Residential / Postal Address in Ghana

8. Social Security Number.....

9. Last Educational Institution attended

School	Place	Year From TO

10. EVIDENCE OF CITIZENSHIP:
- (i) Name of Father
- Nationality & Address
-
- (ii) Name of Mother
- Nationality & Address.....
-
- (iii) Birth or Baptism Certificate Citizenship Identity Card
 Old Passport
- (a) No..... (b) Date of Issue.....
- (c) Place of Issue

11. Any two (2) relatives living in Ghana who will act as guarantors and to be contacted in case of emergency.
 (Read paragraph 5 of the instructions).

- (i) Full Name.....
 Address.....
 Telephone No.
 Signature..... Date.....
- (ii) Full Name
- Address.....
- Telephone No.
 Signature..... Date.....

12. DECLARATION BY APPLICANT: I, the undersigned, hereby apply for a Ghana Passport and declare:

- That I have not previously held or applied for a passport of any description.
- That the previous passport No. granted 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 myto hold a passport

Full Name.....

Address

Telephone No.

Signature..... Date.....

14. 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 approves of it.

Full Name.....

Address

Telephone No.

Signature..... Date.....

15. WITNESS:

Full Name.....

Occupation & Position.....

Business Address.....

Telephone No.

Residential Address.....

Telephone No.

Signature.....

Date.....