

APPLICATION FOR A REPUBLIC OF GHANA PASSPORT

PLEASE FILL OUT FORM IN BLOCK LETTERS

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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 Receipt No: _____ Remarks _____ Full Name of Receiving Officer _____ Signature _____ Date _____	VENDOR'S STAMP	PLEASE AFFIX VENDOR RECEIPT HERE																				
	PASSPORT OFFICE STAMP																					
		Please enter application payment PIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

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

1. (a) Surname	
(b) First Name	
(c) Other Names	
2. Maiden Name(s)	
3. If name has changed by Affidavit or Gazette Publication, provide previous name.	

4.	a. Date of Birth			/			/				b. Gender	Male	Female	
	As confirmed by NIS	Day	Month	Year in full	Circle whichever is applicable									
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			/				_____	To			/		
		Month	Year in full		Month	Year in full								
23. EVIDENCE OF CITIZENSHIP														
a.	Name of Father													
	Nationality								Living?	Yes	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?	Yes	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 Year 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	/	/									
										Day	Month	Year in full									
b. Full Name																					

