

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.	

