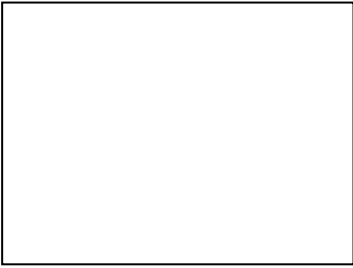
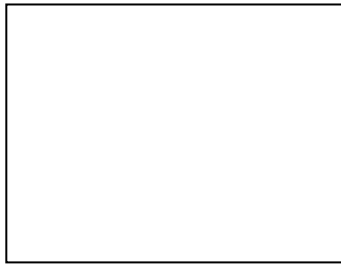


16 PHOTOGRAPH



RIGHT THUMB PRINT



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.

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



**APPLICATION FOR A REPUBLIC OF GHANA
PASSPORT**

NAME OF APPLICANT

.....

PASSPORT NO.

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 four (4) passport size photographs taken full face on a plain background within six 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 attached for missing passports*

4. This application must be submitted in person by the Applicant to the Regional Immigration Office or any other office authorised 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 or 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 recognised Educational Institution
- (g) Other recognised professionals registered with their respective regulating bodies

5. GUARANTORS: By their undertaking, the guarantors are deemed to have agreed jointly and severally to pay all expense 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 Names(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 USA.....

 8 Telephone 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 relatives living in U.S.A 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:
 (a) That I have not previously held or applied for a passport of any description.
 (b) That the previous passport No.....
 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 my
to 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 thelanguage 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.....