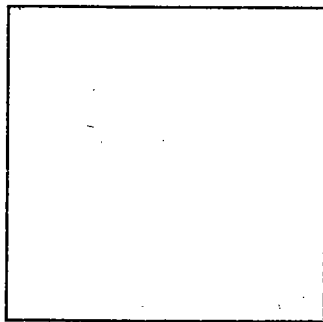
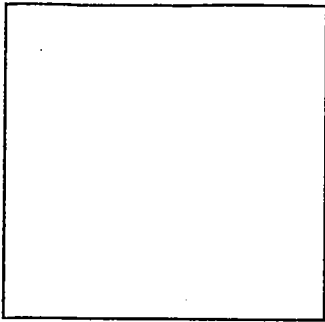


16. PHOTOGRAPH

RIGHT THUMB PRINT



APPLICATION FOR A REPUBLIC OF GHANA
PASSPORT

NAME OF APPLICANT:.....

.....

PASSPORT NO.....

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.

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. 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.....

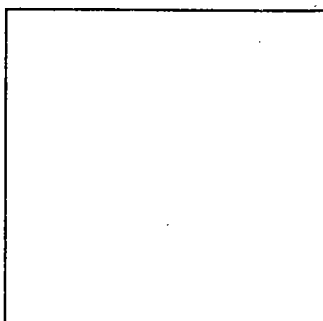
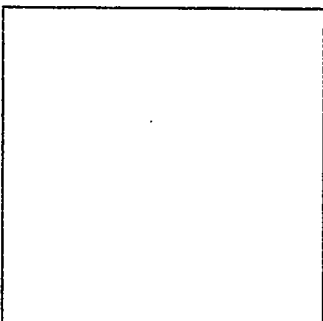
ENDORSEMENT MADE.....

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 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 License, Employment / Student / Other ID. 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 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 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 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 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 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 Ghana

8. Social Security Number

9. Last Educational Institution attended

School	Place	Year From To
(a)		

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.....

(b) Place of Issue

11. Any Two 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:

(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.

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 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