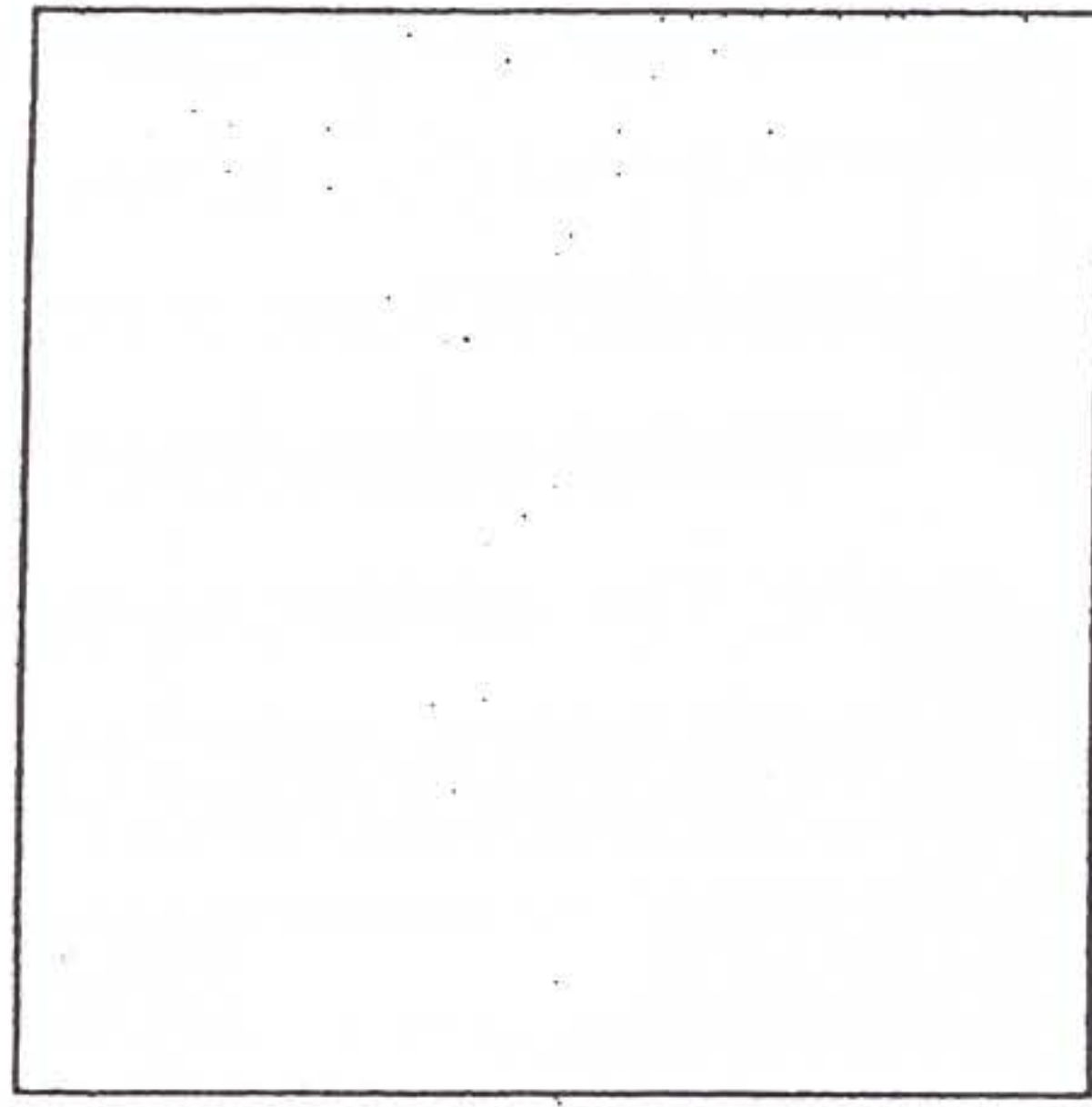
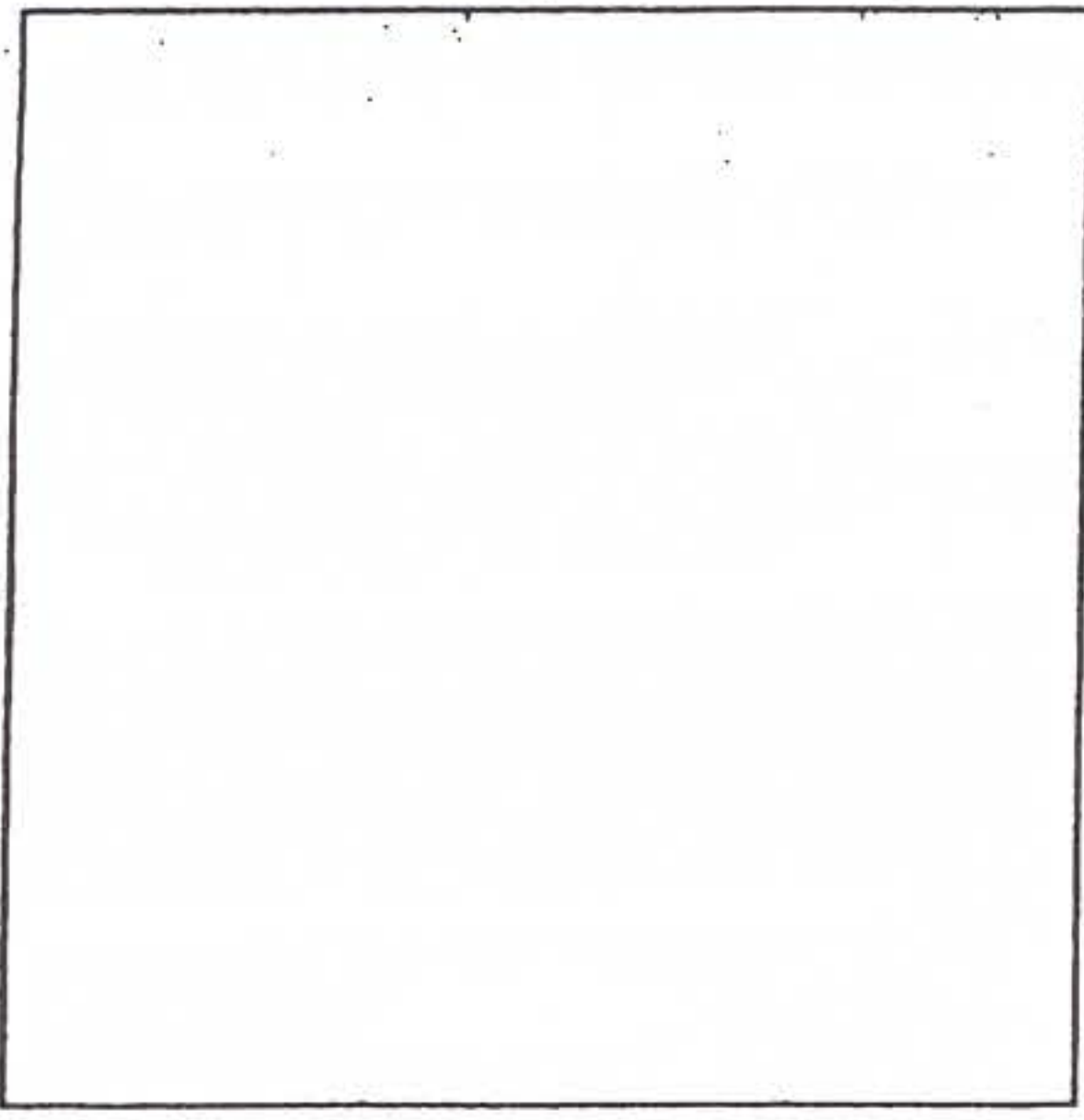


16. PHOTOGRAPH

RIGHT THUMB PRINT



APPLICATION FOR A REPUBLIC OF GHANA  
PASSPORT

NAME OF APPLICANT:

.....  
.....

NEW PASSPORT NO: .....

*Please read carefully before completing this form.*

**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. RECEIVING OFFICER**

Remarks

.....  
.....  
.....

Signature.....

Date.....

**2. APPROVING OFFICER**

.....  
.....  
.....

PASSPORT NUMBER.....

DATE OF ISSUE .....

PLACE OF ISSUE.....

ENDORSEMENT MADE.....

SIGNED BY.....

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 white 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 License, Employment /student / other ID. Cards

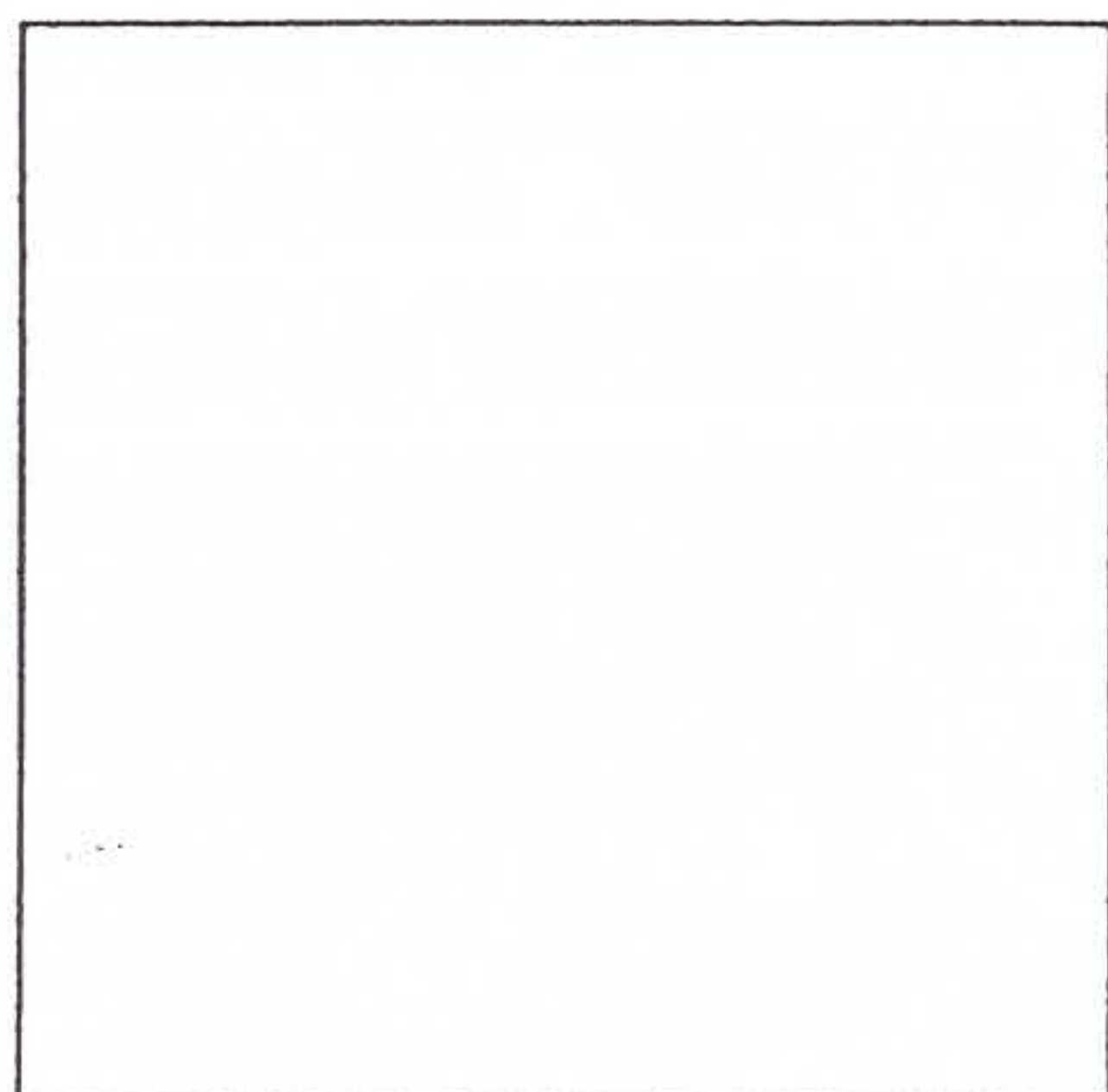
3. A Police Report and a photocopy of the passport bio-data page should be attached as evidence of a missing passport.

4. This application must be sent in person by the Applicant at the Consular Section - Ghana Embassy Rome and should be witnessed/stamp by a person in one of the following categories to whom the applicants is personally known:

- (a) Clergyman
- (b) Ghana National Association
  - 1. Chairman
  - 2. Secretary
- (c) Administrative Officer working with any of the U.N agencies or a recognized Institution.

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.

**GHANA EMBASSY STAMP-ROME**



1. (a) Surname.....  
 (b) Other Name.....  
 2. Place of Birth.....  
 3. Date of Birth.....  
 4. Profession.....  
 5. Country of Residence.....  
 6. (a) Height.....m.....cm  
 (b) Colour of eyes.....  
 (c) Colour of hair..... (d) Sex M F  
 7. (a) Permanent Residential address in Italy  
 Via / Piazza.....  
 .....  
 .....  
 (b) Telephone Number.....

8. Last Educational Institution attended

Name of the School	Place	Year: From/to

9. EVIDENCE OF CITIZENSHIP:

(i) Name of Father.....  
 Nationality & Address.....  
 .....  
 (ii) Name of Mother.....  
 Nationality & Address.....  
 .....  
 (iii) Birth Certificate/ Citizenship Identity Card/  
 Old Passport  
 (a) No..... Date of Issue.....  
 (b) Place of Issue.....  
 10. Any two relatives Living in Ghana who will act as  
 guarantors and to be contacted in case of emergency.  
 Read paragraph 5 of the instruction.  
 (i) Full Name.....  
 Address.....  
 .....  
 Telephone No.....  
 .....  
 Signature Date  
 (ii) Full Name.....  
 Address.....  
 .....  
 Telephone No.....  
 .....  
 Signature Date

11. 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 or lost.  
 .....  
 Signature Date

12. 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

13. 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

14. WITNESS:  
 Full Name.....  
 Occupation & Position.....  
 Business Address.....  
 .....  
 Telephone No.....  
 Residential Address.....  
 .....  
 Telephone No.....  
 Signature.....  
 Date.....