

REQUEST FOR DIPLOMATIC / OFFICIAL PASSPORT

PLEASE DO NOT WRITE IN THE SPACE BELOW

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Specimen Signature

Please sign in the box below and make sure that your Signature does not cross over the line as it will be scanned and printed in your passport.

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PASSPORT
PHOTO

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FOR OFFICIAL USE

Passport Number.....

Delivered to.....

BY: (Name of person delivering the passport)

.....
Signature of person taking delivery

.....
Date

NOTE

If you do not hold a Seychelles passport, you will need to submit a certified copy of your birth certificate and other relevant documents for proof of citizenship.

1. **PERSONAL PARTICULARS**

Surname.....

Other Names.....

National Identity Number/...../...../...../.....

Male Female

State whether single / married / divorced / widowed.....

Maiden name if a married woman.....

Date of birth.....

Place of birth.....

Height..... Meters Colour of eyes.....

Visible particulars.....

Official post title.....

Ministry / Department / Company.....

.....

2. A Do you hold a Diplomatic or Official Passport?

Yes No

If you hold one, state:

Passport Number.....Date of issue.....

Place of issue.....

B Have you at any time renounced or lost citizenship of Seychelles? Yes No

NOTE: If you are in possession of a Diplomatic or Official passport which has not been cancelled, it should be attached to this application.

3. PARTICULARS OF PREVIOUS DIPLOMATIC / OFFICIAL PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE.

Passport No. Issued at.....

Circumstances in which passport was lost / stolen or other reason for its non-availability.
.....

Place and date of loss.....

I certify that the above particulars are correct and that I have made no other request for a Diplomatic / Official passport since the above passport was issued to me. I undertake in the event of the passport coming into my possession, to return it immediately to the Immigration office Seychelles or to a Seychelles Mission overseas for cancellation.

Signature.....

Date.....

4. I certify that the foregoing particulars are correct in every detail.

Signature.....

Date.....

COUNTERSIGNATURE.

IMPORTANT:

Persons who sign or countersign applications are warned that making of an untrue statement for the purpose of procuring a passport is a criminal offence. The application should not be countersigned until the form has been completed, signed and dated by the applicant. The countersignatory should also endorse the reverse side of the photograph as follows:

"I certify that this is a true likeness of Mr./Mrs./Miss.
.....

I (name in block capitals).....
..... certify that I have personally
known Mr./Mrs./Miss.
..... for.....
years, and to the best of my knowledge and
belief the facts stated on this form are correct.

Signature.....
Profession.....
Date.....

**OFFICIAL STAMP OF
COUNTERSIGNATORY
TO BE PLACED IN THIS
BOX**

EXPLANATORY NOTES

This section should be completed by a person who has known you personally for at least **two years** and who is either a member of the National Assembly, Head Teacher of a school, District Administrator, Judge, Magistrate, Barrister, Attorney-at-Law, Notary, Public Servant, (not below the rank of a Head of Division) Police Officer, (not below the rank of Assistant Superintendent of Police) an Officer of the Defense Forces, (not below the rank of Captain) Medical Practitioner, Minister of Religion or Justice of the Peace.

The person countersigning your application must not be a member of your family.

FOR OFFICIAL USE

Comments.....
.....

Approved / Not approved

Signature.....

Date.....

Name.....