

EMBASSY OF GHANA - CONSULAR SECTION



ONLINE PASSPORT APPLICATION

TRANSACTION NO. _____ SERIAL NO: PF/

NAME OF APPLICANT:

REFERENCE NUMBER:

APPOINTMENT DATE: TIME:

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 are to be attached for missing passports

3. This application form must be submitted in person by the Applicant to any 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 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 recognised Educational Institution
- g. Other recognised 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 that this application has been handed over to me by the Applicant in person

<p>REGIONAL OFFICE</p> <p>Receipt No: _____</p> <p>Remarks _____</p> <p>Full Name of Receiving Officer</p> <p>_____</p> <p>Signature _____</p> <p>Date _____</p>	<p>VENDOR STAMP</p> <p>PASSPORT OFFICE STAMP</p>	<p>PLEASE AFFIX VENDOR RECEIPT HERE</p> <p>Please enter application payment pin</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Application type:		Passport Type:		Application Priority:	
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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			
4. (a) Date of Birth		(b) Gender	
5. City or Town of Birth			
6. Country of Birth			
7. (a) Height		(b) Color of eyes	
(c) Color of Hair		(d) Visible Peculiarities	
8. Nationality			
9. Do you have Dual Citizenship?			
If yes, state other country			
10. Marital Status			
11. (a) Profession			
(b) Previous Profession			
12. National ID Card No.			
13. Social Security Number			
14. Voter ID Card No.			
15. Country of Residence			
16. Zip / Postal Code			
17. City or Town of Residence			
18. Suburb			
19. House Number and Street			
20. Postal Address			
21. Telephone No.			
22. Email			
23. Current/Last Educational Institution Attended			
(a) Institution			

(b) Address	
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(c) Period From/To	TO
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24. EVIDENCE OF CITIZENSHIP

(a) Name of Father	
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Nationality		Living?	
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Postal Address	
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Residential Address	
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Hometown	
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Phone Number	
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Email	
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(b) Name of Mother	
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Nationality		Living?	
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Postal Address	
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Residential Address	
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Hometown	
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Phone Number	
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Email	
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(c) Name of one Grand Parent	
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Nationality		Living?	
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Postal Address	
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Residential Address	
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Hometown	
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Phone Number	
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Email	
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25. Do you have any of the following documents?

Birth Certificate - National Identity Card - Old Passport - Voter ID Card - Dual Citizenship Card - Naturalization Card - Registration Card -

Which of the above documents are you attaching?

Document Type		Document Number	
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Date of Issue		Place of Issue	
Applicant Owns Document		Lost or Stolen	

26. Any two living relatives who will act as guarantors and to be contacted in case of emergency.

(a) Full Name	
Residential Address	
Postal Address	
Telephone No.	
Occupation	
Email	

Signature		Date	
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(b) Full Name	
Residential Address	
Postal Address	
Telephone No.	
Occupation	
Email	

Signature		Date	
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27. DECLARATION BY APPLICANT

I,

herby apply for a Ghanaian 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	
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And that all the above information is true and correct

Signature		Date	
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28. PARENT / LEGAL GUARDIAN CONSENT FOR APPLICANT UNDER 18 YEARS OF AGE

I hereby give consent for applicant who is my		to hold a passport
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Full Name	
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Address	
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Telephone No.	
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Signature		Date	
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29. 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
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to the applicant and he / she understands and accepts

Full Name	
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Address	
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Telephone No.	
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Signature		Date	
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30. WITNESS

Full Name	
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Occupation	
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Position	
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Business Address	
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Business Phone No.	
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Residential Address	
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Residential Phone No.	
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Signature		Date	
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