

SEYCHELLES PASSPORT APPLICATION FORM

PLEASE DO NOT WRITE IN THE SPACE BELOW

--	--	--

Specimen signature

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

--

PASSPORT
PHOTO

IMPORTANT

Having completed the form, please check that you have enclosed two identical passport photographs (one certified at the back), passport fee of Sr. 500/- or equivalent of and such documents (e.g. birth, marriage certificates, etc.) as specified in the explanatory notes.

Please note that all certificates submitted with this application must be certified as true copy of the original by the same person countersigning your application form or a notary. A certified translation of certificates in languages other than English or French **must** also accompany your application.

FOR OFFICIAL USE

Application received by: (Name) Signature

Payment by: (Name) on CR No.....

Sr.....

DOCUMENTS PRODUCED:

Applicant's Birth Certificate: Applicant's Marriage Certificate.....

Other Certificates Other Marriage Certificates.

Naturalisation/Registration Certificate. Adoption Certificate.

Passport Number. Delivered to:

On by (name)

.....
Signature of person taking delivery of passport.

1. TO BE COMPLETED BY ALL APPLICANTS – IN BLOCK CAPITALS	<u>EXPLANATORY NOTES</u>
Surname: Other Names: Maiden Name if a married women..... National Identity Number/...../...../..... Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: Place and country of birth: Height..... Meters Colour of eyes..... Visible particulars..... State whether single/married/widowed/divorced..... Has your name been changed otherwise than by marriage or adoption? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, state your previous name..... Full Address..... Telephone Number.....Country of Residence.....	The following certificates must be submitted with your application; Birth Certificate, Adoption certificate in the case of a person having been adopted, Marriage Certificate in case of married woman. If your names have been changed other than by marriage or adoption, certified copy of the document must be submitted. You will need to produce your National Identity Card when submitting this application.
2. TO BE COMPLETED BY ALL APPLICANTS Full Names of father..... Country of birth..... Nationality..... Full names of mother..... Maiden Surname..... Country of birth Nationality..... If you claim citizenship from a grandparent state: Full name..... Country of birth.....	If you were born; a) In Seychelles on or after 5 th June 1979, you need to submit certified copy of the birth certificate of one of your parent who is a citizen of Seychelles on the date of your birth. b) Outside Seychelles, you need to submit the certified copies of relevant birth/marriage certificates of your parents/grandparents from whom you are claiming citizenship; proof that you were resident in Seychelles on the 5 th June 1979.
3. TO BE COMPLETED IF APPLICANT IS A CTIZEN OF SEYCHELLES BY NATURALISATION OR REGISTRATION Certificate Number Date of Issue	Certified copies of Naturalisation/Registration certificates must be submitted.
4. SIGNATURE OF RESPONSIBLE PARENT OR GUARDIAN AUTHORIZING THE ISSUE OF A PASSPORT TO A MINOR UNDER THE AGE OF 18 YEARS. Full name Address Relationship to child Have your rights in respect of the child been limited in any way by the order of any Court having jurisdiction over him/her? Yes <input type="checkbox"/> No. <input type="checkbox"/> Signature.....	Responsible parent means the father or the mother. If the custody /guardianship of the child has been awarded by the court to a parent or guardian, the latter needs to authorize the issue of the passport to the child. Proof of custody/guardianship of the child must be submitted.

5. TO BE COMPLETED BY ALL APPLICANTS

- A.** Have you previously applied for a Seychelles passport? Yes No
- (i) If yes, and you were issued with one, state:
Passport No. Date of Issue
Place of issue
- (ii) you were not issued one, state reason(s) why
- B.** Are you in possession of a passport/Travel document issued by another country other than Seychelles? Yes No
- If yes, state: Issuing Country Place of Issue
Passport No date of Issue
- C.** Have you at any time renounced or lost citizenship of Seychelles?
Yes No.

EXPLANATORY NOTES

If you are in possession of a Seychelles passport which has not been cancelled, it should be attached to this application.

6. COUNTERSIGNATURE – TO BE COMPLETED AND SIGNED IN ALL CASES.

IMPORTANT: *Persons who countersign applications are warned that the 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 one photograph as follows:

*“I certify that this is as true likeness of
Mr./Mrs./Ms./Miss.”*

I (Name in block capitals).....

*Certify that the applicant has been known personally to me for
Years, and that to the best of my knowledge and belief the facts stated on this form are correct.*

*Signature.....
Profession/Occupation.....
Address.....
Date.....*

OFFICIAL STAMP OF
COUNTERSIGNATORY
TO BE PLACED IN
THIS BOX

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, a District Administrator, Judge, Magistrate, Barrister, Attorney-at-Law, Notary, Public Servant, (not below the rank of Head of a 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.

7. PARTICULARS OF PREVIOUS PASSPORT WHICH HAS BEEN LOST OR IS NOT AVAILABLE

PASSPORT NUMBER..... issued at..... in year

Bearer's names at the time of issue.....

Circumstances in which passport was lost or destroyed, or other reasons for its non-availability.

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

Signature:.....

EXPLANATORY NOTES
 The loss/theft of a passport must be reported to the Police without delay. A copy of the statement /police certificate to that effect must be submitted with this application.
In addition to the passport fee, there is a surcharge of SCR 1000/- in the case of loss/stolen or otherwise missing passport.

8. TO BE COMPLETED BY ALL APPLICANTS.

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

Signature of applicant:Date:

Name of parent:
 (In the case of the parent being the applicant for the passport on behalf of the minor child)

a) This section must be signed by all applicants.
 Where a parent is the applicant in respect of his minor child, and the minor child can sign, the latter's signature will also be required in the specimen signature box at the front page of the application form.
 b) Where the applicant is an adult and unable to sign, an impression of his right thumb print is required, which should be certified by the person counter signing the application form.

FOR OFFICIAL USE

Approved

Not approved

Comments:

WARNING.
IT IS A CRIMINAL OFFENCE FOR A PERSON TO MAKE A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING A PASSPORT.

Signature of passport officer:

Name:..... Date:

Application verified by: Signature:

Name: date:

Passport checked by: Signature:

Name: date: