

EMBASSY OF PAKISTAN PO. Box 5872 102 40 STOCKHOLM SWEDEN

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Consular section open: Monday to Friday 0900-1200 Hrs Three (3) Passport Size Photos

Form A

- Please read the form carefully before filling it up.
- Applications with incomplete entries <u>will not</u> be accepted.
- Partially filled forms received through post may be returned without consideration.

APPLICATION FOR

PASSPORT

1. Full Name (Block lette	ers)		
2.	Name		
3.			
4. Date of Birth:	Day	Month	Year
5. Place of Birth: (City	Country _	
6. Heightm	cm Color of e	yes:	_Color of hair:
7. Visible distinguisl	ning marks		
	octor Govt. Servic her (specify)		Engineer Business
	lim Hindu Qac ner (Specify)		Sikh Buddhist Christian
10. Pakistani nation	al: By Birth F By Decent		n By Registration Date of migration / / /)
11. National ID-Car	d No Place of issue		
Date of issue	Place of issue	e:	_

12. Present Address: S	Street			
Postal code	City	Coun	try	
13. Permanent Addres	ss (in Pakistan) Str	reet		
Postal code	City	Country	<u>PAKISTAN</u>	
14. Present Telephone	and Fax number :	Home		
E mail address	Work :			
	Private:			
15. Passport No. of pro	esent Pakistani pas	ssport		
Date of issue	Place	e of issue		
16. The application is Renewal of the of [In case of lost passport]	old passport	New passport in lieu of <u>e report</u> & ii) Personbevis or cer	lost passport tificate of legal residence f	rom county of residence]
17. Marital Status 🗌]Unmarried] Married Divorced	1	
18. Name of children t	o be included in th	e passport:		
Name:		Date of birth	Sex :	
Name:		Date of birth	Sex :	
Name:		Date of birth	Sex :	
19. DECLARATION (for all applicants)			

I declare on solemn affirmation as under:

- A. To the best of my knowledge and belief, the information given in this application is true.
- B. I have not previously been refused passport facilities.
- C. All previous passports granted to me have been surrendered other than the passport mentioned above in column 15.

(Signature of applicant)

20. DECLARATION FOR MUSLIMS ONLY

(Name of c	pplicant)	(Name of father or husband)	
aged	_ adult Muslim, resident of	hereby solemnly declare that:	
Hazrat Mu B. I do not rec whatsoeve prophet or C. I consider	hemmed (peace be upon him) the last cognize any who claims to be a proph after Hazrat Muhemmed (peace be u a religious reformer as Muslim. Mirza Ghulam Ahmad Qadiani to be	nqualified finality of the Prophet hood of to f the Prophets. et in any sense of the word or any description upon him) or recognize such a claimant as a an impostor nabi and also consider his iani or Mirzai groups, to be non-Muslims.	
		(Signature of the applicant	

New passport number: Date of issue /D/M/Y/: Valid until /D/M/Y/ : Signature and stamp of issuing authority.

IMPORTANT

21 <u>SIGNATURE</u> and <u>THUMB IMPRESSION</u> are essential requirements for the issuance of a passport. Without these, the application is considered **incomplete**.

Please leave specimen signature and thumb impression in each box below. (Left thumb impression for males; Right thumb impression for females)

Signature	Thumb impression	Signature	Thumb impression