

APPLICATION FOR LOST/MUTILATED/PASSPORT

FILE NUMBER R.....

1	Forename (s) (as in passport):			
2	Surname Names:			
3	Date of Birth	Day	Month	Year
4	Passport Number:	Date of Issue:		
5	Place of Birth:	Country of Birth:		
6	Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
7	Have you ever traveled on the passport that is reported lost.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

8	Postal Address:		
	Postal Code:		
	Telephone	Town	Country
	Fees chargeable (i) Mutilated Passport USD \$210 Receipt No.....		
	Fees chargeable (ii) Lost Passport USD \$250 Receipt No.....		

Declaration

The information I have given is true to the best of my knowledge

Place..... Date..... Signature.....

For Official Use

Disabling of passport (overseas)	Passport Officer In-Charge (Embassy stamp/sign)