BARCODE

APPLICATION FOR A REPUBLIC OF MALAWI PASSPORT

PART A PARTICULARS OF APPLICANT

PHOTOGRAPH

(Forms to be completed in duplicate and presented to the Passport Officer, P.O. Box 331, Blantyre, Malawi.)

(This form is not for sale)

Surname(In block capitals)					
Other names(In block capitals)	S	ex: Male:	Female:		
Maiden name					
I apply for a new/replacement Passport for myself. My Passport Number, is lost /damaged /filled up. (Cross out inapplicable)		FOR OFFICAL USE ONLY Ppt. No			
 2. I enclose (a) The fee of K	years of age	Date of Issue G.R. No Yes Yes Yes Yes Yes			
3 (a) I was born aton/	/District	Cour	ntry		
(Exact Place) (Day) /(Montal Contact Place) (Day) /(Montact Place) (Day) (Day) /(Montact Place) (Day) /(Montact Place) (Day) (Day) /(Mont	of my District at par	District			
Country:					
5. My mother was born at: Village/Town, T.A. District. Country:					
6. (a) My height is					
7. I want a passport to travel to					
8. I declare that I have not lost the status of a Citizen of Malawi and the enclosed a damaged/filled-up passport for retention (Cross out if no NOTE: Giving false information on Citizenship is an offence under the	t enclosed).		her declare that I ha	ive	
9 My present address is :] [[]	٦	
	Signatu	re	RTP	_	

PART B

	AFFIDAV	T OF BIRTH			
I,, of Vil	lage	T.A	.District		
do hereby solemnly and sincerely declare that	at I know	of Village.			
T.ADistrict		and state that fro	m my personal knowledge:		
(i) He/She is the son/daughter of (full na	mes of father and r	nother)			
(ii) He/She is my son / daughter / brother /	cousin / sister / nep	bhew / niece* (or state other close	e relationship)		
(iii) He/she was born on: Day	Month	Yea	ar		
at					
(Exact Place)	T.A.	District	Country		
and I make this solemn declaration, conscien	tiously believing the	ne same to be true and by virtue o	f the Oaths, Affirmation		
and Declarations Act.					
	Signed:				
Declared at					
this	day of				
		BEFORE ME:			
		Magistr	ate/Commissioner of Oaths		
	D				
COM	PART				
CONI	IRMATION OF	PLACE OF ORIGIN			
		REF:			
Having inspected the village roll of the village					
doubt that					
Traditional Authority stated in the application					
Signed					
DATE STAMP		District Commissioner			
DAIL GIAM		D1501100			
	PART	D			
	FOR OFFICIAL	L USE ONLY			
OF EADANGE AND OTHER ENDORGE	AFNITO	ICCUDIC AUTHODITY	CODE		
CLEARANCE AND OTHER ENDORSE	MENIS:	ISSUING AUTHORITY	CODE:		