

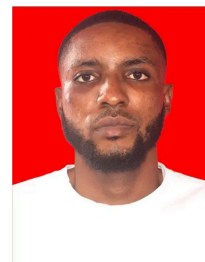
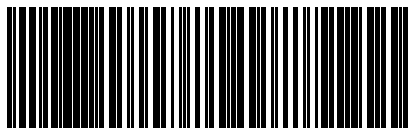


Ministry of Foreign Affairs

Republic Of Ghana Passport Application

Vetting Appointment Slip

Application ID: 25PKHQIAKJVAH07



Applicant's Name: MICHAEL ANNOR COLEMAN

Application Type: Regular, 32 Pages

Application Date: Mon Jul 07 2025

Appointment Date: Mon Sep 15 2025

Passport Application Center: Takoradi PAC, Ghana

Location: IMMIGRATION LANE, WESTERN REGIONAL
CORDINATING COUNCIL, SEKONDI GPS: WS-001-0579

Reporting Time: 9AM - 10AM

You will need to bring the printout of your application data below and the original copy of the following document(s)

☒ National Identity Card

☐ Proof Of Profession

☐ Any National ID

Witness Signature and Stamp:

Applicant's Signature:

PRISCILLA COLEMAN
(PHYSICIAN ASSISTANT)

MICHAEL ANNOR COLEMAN

VETTING OFFICER 1

VETTING OFFICER 2

VETTING OFFICER 3

VETTING OFFICER 4

APPROVING OFFICER

DRESS CODE:

APPLICANT'S DRESS COLOUR TO THE PAC SHOULD NOT BE WHITE


WARNING

Making a statement which is, to your knowledge untrue for the purpose of procuring a passport for yourself or any other person is an offence under Criminal Offences Act, 1960 (Act 29) and is liable on conviction to a fine not exceeding five hundred penalty units or to a term of imprisonment not exceeding two years or both the fine and the imprisonment. Such wilful false statements and the like may jeopardise the validity of the application or submission or any use resulting therefrom.

FOR HELP CALL THESE NUMBERS: 030 700 8222

OFFICIAL COMMENTS

PERSONAL INFORMATION

Passport-Sized Photograph	
Telephone Number	+233208517482
Email	MICHAELCOLEMAN106@GMAIL.COM
Surname	COLEMAN
First Name	MICHAEL
Other Names	ANNOR
Maiden Name(S)	-
Previous Name(S)	-
Date Of Birth	THU SEP 04 2003
Gender	MALE
City Or Town Of Birth	KUMASI
Country Of Birth	GHANA
Country Of Residence	GHANA
ZIP/Post Code	WS-152-4671
City Or Town Of Residence	TAKORDI
Suburb	DIABENE
House Number And Street	BA205 PACIFIC AVE
Digital Address Code	WS-152-4671
Postal Address	-
Height In Meters	3.1
Color Of Eyes	BROWN
Color Of Hair	BLACK
Visible Peculiarities	-
Nationality	GHANAIAN
Current Profession	STUDENT
Previous Profession	STUDENT
National ID Card Number	GHA-718866119-9
Social Security Number	-
Voter's ID Card Number	-
Current/Last Educational Institution Attended	TAKORADI TECHNICAL UNIVERSITY
Institution Address	TAKORADI-GHANA
Attended From	FRI SEP 01 2023
To	WED SEP 01 2027

EVIDENCE OF CITIZENSHIP

Father's Surname	COLEMAN
Father's First Name	MICHAEL
Father's Nationality	GHANAIAN
Is Your Father Alive?	YES

Father's Residential Address	BA205 PACIFIC AVE
Father's Hometown	EKUMFI OTOAM
Father's Telephone	+233544431476
Father's Email	MICHAELCOLEMAN106@GMAIL.COM
Mother's Surname	COLEMAN
Mother's First Name	GEORGINA
Mother's Nationality	GHANAIAN
Is Your Mother Alive?	YES
Mother's Residential Address	BA205 PACIFIC AVE
Mother's Hometown	EJISU JUABENG
Mother's Telephone	+233552480615
Mother's Email	KIMVERSELUXE@GMAIL.COM
Grand Parent's Surname	ACHIA
Grand Parent's First Name	AKUA
Grand Parent's Nationality	GHANAIAN
Is Your Grand Parent Alive?	YES
Grand Parent's Residential Address	EJISU JUABENG
Grand Parent's Hometown	EJISU JUABENG
Grand Parent's Telephone	+233206995489
Grand Parent's Email	KIMVERSELUXE@GMAIL.COM

DUAL CITIZENSHIP

Do You Have Dual Citizenship?	NO
If Yes State Other Country	-

DOCUMENT

Mandatory Document	NATIONAL IDENTITY CARD
Document Number	GHA-718866119-9
Date Of Issue	WED JAN 29 2020
Place Of Issue	TAKORADI-KOJOKROM

GUARANTORS

First Guarantor Full Name	JUDITH COLEMAN
First Guarantor Residential Address	BA205 PACIFIC AVE
First Guarantor Postal Address	WS-152-4671
First Guarantor Telephone Number	+233247921463
First Guarantor Occupation	BUSINESS WOMAN
First Guarantor Email	KINGDRAW977@GMAIL.COM
Second Guarantor Full Name	PRISCILLA COLEMAN
Second Guarantor Residential Address	EAST LAGON-ACCRA
Second Guarantor Postal Address	-
Second Guarantor Telephone Number	+233245211242
Second Guarantor Occupation	MEDICAL DOCTOR
Second Guarantor Email	WEBWINGS9@GMAIL.COM

WITNESS

Full Name	PRISCILLA COLEMAN
Occupation	REGISTERED MEDICAL PRACTITIONER
Position	PHYSICIAN ASSISTANT
Business Address	BA205 PACIFIC AVE
Business Telephone Number	+233245211242
Residential Address	EAST LAGON-ACCRA
Residential Telephone Number	+233545807692