

**FOR OFFICIAL USE**

COMMENTS.....

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.....

Received by (Name)..... Date .....

Payment received by (Name) .....

Cr No. .... Date .....

Approved/Not Approved

Comments .....

.....

.....

.....

SIGNATURE..... DATE .....

NAME .....

**APPLICATION FOR A TRAVEL DOCUMENT**

**PLEASE DO NOT WRITE IN THE SPACE BELOW**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**IMPORTANT**

PLEASE ENSURE YOU ENCLOSE (i) FEE SR1000 + SR50 FOR EACH CHILD TO BE INCLUDED IN THE DOCUMENT. (ii) TWO PASSPORT SIZE PHOTOGRAPHS.

IF YOU HAVE PREVIOUSLY TRAVELLED ON A PASSPORT, IT SHOULD BE SUBMITTED WITH THIS APPLICATION. IN THE CASE OF LOSS, A POLICE CERTIFICATE IS REQUIRED.

PERSONS BORN IN SEYCHELLES SHOULD PRODUCE A CERTIFIED COPY OF BIRTH CERTIFICATE.

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TRAVEL DOCUMENT NUMBER .....

DELIVERED TO .....

BY: (NAME OF PERSON DELIVERING THE DOCUMENT) .....

.....  
SIGNATURE OF PERSON TAKING DELIVERY

.....  
DATE

**TO BE COMPLETED BY ALL APPLICANTS-IN BLOCK LETTERS**

SURNAME.....  
 OTHER NAMES.....  
 NATIONALITY.....  
 NATIONAL IDENTITY NUMBER..... (IF APPLICABLE)  
 MALE  FEMALE   
 STATE WHETHER SINGLE/MARRIED/DIVORCED/WIDOWED.....  
 MAIDEN SURNAME IF A MARRIED WOMAN.....  
 DATE OF BIRTH.....  
 PLACE OF BIRTH.....  
 HEIGHT..... METRES COLOUR OF EYES.....  
 VISIBLE PECULIARITIES.....  
 ADDRESS IN SEYCHELLES.....  
 ..... TELEPHONE NUMBER.....  
 DATE OF DEPARTURE FROM SEYCHELLES.....  
 COUNTRIES IN WHICH YOU WILL BE TRANSITING.....  
 ..... FINAL DESTINATION.....

**PARTICULARS OF CHILD/CHILDREN UNDER 16 YEARS OF AGE TO BE INCLUDED ON THE DOCUMENT**

| SURNAME | OTHER NAMES | MALE/FEMALE |
|---------|-------------|-------------|
| .....   | .....       | .....       |
| .....   | .....       | .....       |
| .....   | .....       | .....       |
| .....   | .....       | .....       |

**REASONS FOR APPLYING A TRAVEL DOCUMENT**  
 .....  
 .....  
 .....

**DETAILS OF PASSPORT WHICH IS NOT AVAILABLE/LOST OR EXPIRED**

PASSPORT NUMBER..... DATE OF ISSUE.....

PLACE OF ISSUE.....

I certify that to the best of my knowledge, the foregoing particulars are correct in every detail.

SIGNATURE OF APPLICANT..... DATE.....  
 COUNTERSIGNATURE.....

**IMPORTANT:**  
 Persons who sign or 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 a true likeness of Mr/Mrs/Miss....."

I (name in block capitals).....  
 ..... certify that the applicant has been known personally to me for..... years, and to the best of my knowledge and belief the fact stated on this form are correct.  
 Signature.....  
 Profession/Occupation.....  
 Address.....  
 Date.....

**OFFICIAL STAMP OF COUNTERSIGNATORY TO BE PLACED IN THIS BOX**

**EXPLANATORY NOTES**  
 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 People's Assembly, member of the Central Committee of the S.P.P.F., 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) Army Officer, (not below the rank of Captain, Medical Practitioner, Minister of Religion or Justice of the Peace. The person countersigning your application should not be a member of your family.  
**PHOTOGRAPH**  
 Two identical copies of your recent photograph measuring 60mm x 50mm are required. One of your photographs must be certified on the reverse by the same person countersigning your application.

**SPECIMEN SIGNATURE OF APPLICANT**  
 Please sign in the box and ensure that your signature does not cross over the dotted lines as it will be detached and affixed on the travel document.