



(PHOTOCOPY OF THIS FORM IS ACCEPTABLE)

E..A.(P)-2EXTERNAL
Free of charge

APPLICATION FORM FOR MISCELLANEOUS SERVICES ON INDIAN PASSPORT

(For use in Indian Mission/post)(a) Renewal (b) Additional Booklet (c) Change of Address (d) PCC (e) Additional Endorsement (f) Child Deletion (h) Any Other Service

(Specify)_____

(Please delete inapplicable)

Please staple one photo of size of 35x45 mm & enclose three for additional booklet

Specimen signature

Payment of Fee (to be filled by applicant)

Amount Paid HK \$ _____ by _____ (Mode of payment) _____

(For Delivery by mail HK\$ _____ extra to be paid as postal charges for each passport)

1. Full Name: _____

2. Applicants Car Driving License No. _____ Date & Place of issue _____

3. Residential address:

(i) In India (permanent)

(ii) In country of domicile

Tel _____ Tel: _____

4. Profession & Business Address _____

_____ Tel: _____

5. Is applicant registered with the Indian Mission/Post? If not is he a member of any Indian Organization? Give details.

6. (i) Name of father _____

(ii) Name of Mother _____

(iii) Name of spouse & nationality _____

7. Current Passport No. _____ Place of its issue _____

Date of issue _____ Valid until _____

8. Particulars of children to be deleted:

Name	Place & Date of Birth	Sex (M/F)
_____	_____	_____
_____	_____	_____

Note: Separate passport will be issued to children of all ages. However, children below 15 years of age will be given a 5 year maximum validity passport only.

9. Declaration:

I owe allegiance to the sovereignty, unity & integrity of India and have not voluntarily acquired the citizenship or travel document of another country. I have not lost, surrendered or been deprived of citizenship of India.

The information given by me is true and I am solely responsible for its accuracy. I am aware that it is an offence under the Passport Act, 1967 to furnish any false information or to suppress any material information with a view to obtaining passport or any other travel document.

Signature /Thumb Impression (T.I.) of applicant
(left hand T.I. if male and righthand T.I. if female)

Date _____ Place _____

Two specimen signatures or T.I.s required for service(s) within the space given below.

