EMBASSY OF INDIA
KINSHASA

TO BE FILLED IN DUPLICATE

SPECIMEN OF SWORN AFFIDAVIT / DECLARATION OF PARENTS WHO APPLY FOR PASSPORT IN FAVOUR OF MINOR CHILD/ CHILDERN.

I / We ----------S/O, D/O Shri ----------And Smt -

---------- Wife of Shri----------

Residing at ----------

Solemnly affirm and declare that

1.There is no passport in the name of my child Master /Miss

----------Born on-------

--------/----------/----------/ (dd/mm/yy) ----------at ----------

----------and his name is not included on any other passport.

2. The passport is required by my / our child ----------

----------for visiting aboard ----------Name of country---------

----------for the purpose of ----------

----------(Family Joining / Visit)

3. I ---------- **(Father's name)** Indian passport No |------|------|------|------|------|-----|---- |------| issued at ----------on ----------

---------- (dd/mm/yyyy)

4. I am / we are Indian passport holders and it copies are submitted with the passport application

5. I / we declare my / our consent for obtaining passport by my / our child for the purpose mentioned above.

Name of Father ---------- (Print)

Signature of Father ----------

Name of Mother ---------- (Print)

Signature of Mother----------

N0. _____

EMBASSY OF INDIA,
KINSHASA