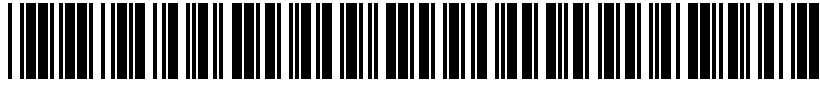


APPLICATION FOR A REPUBLIC OF GHANA PASSPORT

(Pretoria, South Africa)



PS2019082581ZA



TRANSACTION NO: _____

SERIAL NO: PS2019082581ZA

APPLICATION TYPE: RENEWAL

APPLICATION PRIORITY: REGULAR32

PASSPORT TYPE: ORDINARY

NAME OF APPLICANT: YVONNE OPOKU AGYEMANG

Please ensure that the form is fully completed with all details duly checked, signed and dated.

Caution - APPLICANTS, GUARANTORS AND WITNESSES ARE TO NOTE THAT THE MAKING OF A FALSE STATEMENT FOR THE PURPOSE OF PROCURING A PASSPORT IS AN OFFENCE UNDER SECTION 15 OF THE PASSPORT AND TRAVEL CERTIFICATE DECREE (NLCD. 155, 1967)

1. The application should be submitted with i) Evidence of citizenship and ii) Evidence of identity such as:

- a. Birth Certificate
- b. National Identity Card
- c. Old Passport
- d. Voter ID Card
- e. Dual Citizenship/Naturalization/Registration Certificate
- f. GUARANTORS: By their undertaking, the Gurantors are deemed to have agreed jointly and severally to pay all expenses that may be incurred by the gov

2. Proof of name change if by Affidavit or Gazette Publication

3. Police Report and affidavit are to be attached for missing passports.

- a. This application form must be submitted in person by the Applicant to any office authorised to receive such an application and should be witnessed by a p
- b. A Senior Clergyman/Woman
- c. A Commissioned Officer of the Armed Forces (Captain and above) or persons of equivalent rank in the security services.
- d. A Senior Civil or Public Servant (Principal Executive Officer and above)
- e. Registered Medical Practitioner
- f. A Solicitor or Barrister
- g. Head of a recognised Educational Institution

4. Other recognised professionals registered with their respective regulating bodies.

I, the undersigned, give an undertaking that this application has been handed over to me by the Applicant in person.

REGIONAL OFFICE			
Receipt No: _____			
Remarks _____			
Full Name of Receiving Officer _____			
Signature _____			
Date _____			
1. (a) Surname	AGYEMANG		
(b) First Name	YVONNE OPOKU		
(c) Other names			
2. Maiden Name(s)			
3. If names have changed by Affidavit or Gazette Publication, provide previous name(s).			
4. (a) Date of Birth	14-02-1980	(b) Gender	FEMALE
5. City or Town of Birth	ACCRA		
6. Country of birth	GHANA		
7. (a) Height (m)	1.70	(b) Colour of Eyes	BROWN
(c) Colour of Hair	BLACK	(d) Visible peculiarities	
8. Nationality	GHANAIAAN		
9. Marital Status	SINGLE		
10. (a) Profession	HAIR DRESSER		
(b) Previous Profession	HAIR DRESSER		
11. National ID Card No	G0781020		
12. Social Security Number			
13. Voter's ID Card No.			
14. Country of Residence	SOUTH AFRICA		

15. Zip / Post Code	2710		
16. City or Town of residence	VENTERSDORP		
17. Suburb	VENTERSDORP		
18. House Number and Street	13 D JACOB WILKENS STR		
19. postal Address	13 D JACOB WILKENS STR VENTERSDORP 2710		
20. Telephone Number	0635421520		
21. Email	MOSES@INNOBIZ.CO.ZA		
22. Current / Last Educational Institution Attended			
a. Institution	KUMASI GIRLS SENIOR HIGH SCHOOL		
b. Address	P. O. BOX KS, KUMASI ABREPO KUMASI ASHANTI REGION KUMASI		
c. Period from	15-01-2001	To	07-12-2009
23. EVIDENCE OF CITIZENSHIP			
a. Name of Father	OPOKU AGYEMANG		
Nationality	GHANAIAAN	Living?	NO
Postal Address	P.O.BOX 5471 ACCRA NORTH GHANA		
Residential Address	31ST HOUSE NUMBER 34 DANSOMAN		
If deceased provide last known address	31ST HOUSE NUMBER 34 DANSOMAN		
Home Town	DANSOMAN		
Phone Number	0747431964		
E-mail			
b. Name of Mother	HANNAH ADUYAMFI		
Nationality	GHANAIAAN	Living?	NO
Postal Address	31ST HOUSE NUMBER 34 DANSOMAN		
Residential Address	31ST HOUSE NUMBER 34 DANSOMAN		
If deceased provide last known address			
Home Town	DANSOMAN		

Phone Number	0747431964				
E-mail					
c. Name of one Grand Parent	AGYEMANG				
Nationality	GHANAIAAN	Living?	NO		
Postal Address	31ST HOUSE NUMBER 34 DANSOMAN				
Residential Address	31ST HOUSE NUMBER 34 DANSOMAN				
If deceased provide last known address	31ST HOUSE NUMBER 34 DANSOMAN				
Home Town	DANSOMAN				
Phone Number	0747431964				
E-mail					
24. Do you have dual citizenship?	YES	If yes state other country	SOUTH AFRICA		
25. DO YOU HAVE ANY OF THE FOLLOWING DOCUMENTS?					
A. Birth Certificate	NO	B. National Identity Card	NO	C. Old Passport	YES
D. Voter ID Card	NO	E. Dual Citizenship Card	NO	F. Naturalization Card	NO
G. Registration Card	NO				
Document Type	C. OLD PASSPORT	Number	G0781020		
Date of issue	09-07-2014	Place of issue	ACCRA GHANA		
26. Any two living relatives who will act as guarantors and to be contacted in case of emergency. Read paragraph 4 of the instructions.					
a. Full Name	ASIYATU JAMBO				
Postal Address	116 SEKGAPANE STR TSHING LOCATION VENTERSDORP 2710				
Telephone No.	0745653753				
Occupation	HAIR DRESSER				
E-mail	DIANJAMBO@GMAIL.COM				
Signature		Date	____/____/____ (Ex. dd/mm/yyyy)		
b. Full Name	DAVID SIGAUKE				
Postal Address	116 SEKGAPANE STR TSHING LOCATION VENTERSDORP 2710				

Telephone No.	0737312003		
Occupation	TECHNICIAN		
E-mail	SIGAUKEDAVID@GMAIL.COM		
Signature		Date	____/____/____ (Ex. dd/mm/yyyy)
27. DECLARATION BY APPLICANT (Cancel if not applicable)			
I, YVONNE OPOKU AGYEMANG, HEREBY APPLY FOR A GHANAIA PASSPORT AND DECLARE			
a. that I have not previously held or applied for a passport of any description			
☒ b. that the previous passport number	G0781020	granted me is attached.	
And that all the above information is true and correct.			
Signature		Date	____/____/____ (Ex. dd/mm/yyyy)
28. PARENT / LEGAL GUARDIAN CONSENT FOR APPLICANT UNDER 18 YEARS OF AGE			
I hereby give consent for applicant who is my		to hold a passport	
Full Name			
Postal Address			
Telephone No.			
Signature		Date	____/____/____ (Ex. dd/mm/yyyy)
29. FOR PERSONS COMPLETING THIS FORM ON BEHALF OF APPLICANTS WHO CANNOT READ OR WRITE ENGLISH			
The above declaration has been read and interpreted by me in		language	
Full Name			
Address			
Telephone No.			
Signature		Date	____/____/____ (Ex. dd/mm/yyyy)
30. Witness			
Full Name	HANNAH ADUYAMFI		
Occupation	SENIOR CIVIL / PUBLIC SERVANT		
Position	TEACHER		

Business Address	31ST HOUSE NUMBER 34 DANSOMAN		
Business Phone No.	0747431964		
Residential Address	31ST HOUSE NUMBER 34 DANSOMAN		
Residential Phone No.	0747431964		
Signature		Date	____/____/____ (Ex. dd/mm/yyyy)