ST. KITTS AND NEVIS Application for ePassport



Application Number:
Current Passport Number:

PHOTO
AREA
Sign within bordered area
(Use dark blue or black ink)

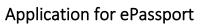
IMPORTANT:

- Do not complete this form until you have read the Instructions Form.
- Please complete this form in black or blue ink and using block capital letters.
- Section 2 is for **Submitters** (not the Applicant).
- Section 8 is for **Recommenders** (not the Applicant).

DO NOT SUBMIT THE INSTRUCTIONS FORM WITH YOUR APPLICATION!

1) AP	PLICATIO	ON DET	AILS										
ePasspo	ort Type:	Regular		ular	Diplomatic	Officia	al	Processing Time:		Standard	Ex	pedited	Urgent
Application For: Adul			lt	Child (under 1	6 years of a	age)	Se	nior					
Application Reason: New Repl		<i>ı</i> lacement	Renewal (lost	Expir stolen		damaged	na	ame change	full b	ook	data error)		
Submitt	Submitted By: App			olicant	Other pro	oxies		Agent		Ministry of Nati	onal Securi	ity	
Application Location:													
Passpor	t Pickup Lo	cation:											
2) SUBMITTER (Submits the application on behalf of the Applicant. Skip this section if you are the Parent/Legal Guardian)													
Submitter Surname: Submitt				Submitter Given	iven Name(s):								
										Signature			
ID Type	:				ID No.:								
											Date (DD	D-MM-YYYY)	
Country of Issue:					Address:								
Email:					Phone:								
3) APPLICANT INFORMATION													
Surname: Maiden Surr				Maiden Surname	e:	: Given Name			Given Name(s):	e(s):			
Title:	Mr.	Mrs.	I	Ms.	Date of Birth: (DI	D-MM-YYYY))	Original	names (if r	name has been d	changed ot	her than b	y marriage):
Title.	Miss	Othe	er:	_									
Sex:	М	F	X E	ye Colou	ır:		Hair (Colour:			Height:		(feet/inches)
City of Birth:			Parish of Birth:				Country of Birth:						
Visible identification marks (in detail):													
Profession/Occupation/Designation:													
Marital Status: Single Marri					ied	Div	vorced	Wi	dowed	Legally Se	eparated		

ST. KITTS AND NEVIS





4) CONTACT INFORMATION									
Local Phone No.:	Overseas Pl	hone No.	.:						
Email:									
CURRENT A	DDRESS				PERMANENT ADDRE	SS	Same as current address		
Street/Village:	Stre	eet/Villag	ge:						
P.O. Box:	P.O	. Box:							
City:		City	/ :						
State:		Stat	te:						
Zip/Postal Code:		Zip/	/Postal C	ode:					
Country:		Cou	ıntry:						
5) CITIZENSHIP									
Citizenship: Birth	Descent	Marriage	Reside	ence	Registration	lı	nvestment (CIP)		
Certificate No.:		Place of Issu	ue:				Date of Issue: (DD-MM-YYYY)		
Complete the below only for Citizensi	hip by Descent								
Parent/Grandparent Surname:		Parent/Gra	ndparent	t Given		Date of Birth: (DD-MM-YYYY)			
Place of Birth:		Country of	Country of Birth:						
Complete the below only for Citizenship by Marriage									
Spouse's Surname:	e(s):	Place of Marriage:				Date of Marriage: (DD-MM-YYYY)			
Spouse's Date of Birth: Spouse's (DD-MM-YYYY)		Spouse's Country of Birth: Spo			Spouse	use's Certificate No.:			
6) LOST, STOLEN, or DAMAGED PASSPORT (if applicable)									
Lost Passpo	ate of Loss: D-MM-YYYY)		Place of Loss:			Country of Loss:			
Reason: Stolen Damaged	(0)	D 141141							
Police Station/St. Kitts and Nevis High	e: Police/Case	ce/Case Report No.:				Report Date: (DD-MM-YYYY)			
Comments:									
I certify that the above particulars are correct									
and undertake in the event of the pas									
coming again into my possession to r the St. Kitts and Nevis Passport Office							D + /DD **** \0.000		
Kitts and Nevis High Commission.		Signature				Date (DD-MM-YYYY)			

ST. KITTS AND NEVIS

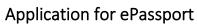


Application for ePassport

7) DECLARATION (for Applicants and Parents/Legal Guardians)

7 7 3 2 3 2 4 4 7 11 3 1 4 7 7	- ppinearite arrair arei	no, segui edan alar							
Parent/Legal Guardian of	a child under 16 yea	rs of age:							
I, the undersigned hereby apply for the issue of a passport to the above-named child. I declare that the information given in this application is correct to the best of my knowledge and belief, and that the child has not lost the status of citizen of Saint Christopher (St. Kitts) and Nevis.									
Relationship to Child:		Father	Mother Leg	gal Guardian					
Parent/Legal Guardian Surna	nme: Parer	nt/Legal Guardian Gi	ven Name(s):						
				Signature					
ID Type:	ID No).:							
				Date (DD-MM-YYYY)					
	s of age or over), or	Parent/Legal Gua	dian of the Applicant	t (if under 16 years of age) declare (check all that					
apply): NOTE: If you have had a passpor form.	t that has been lost or st	olen, do not check box	es C and D , and ensure to c	complete the Passport Recovery Form and Section 11 of this					
A – The information prov	ided in this application	is correct to the bes	t of my knowledge and	belief.					
B – That I (or the child) h	ave not lost the status	of Citizen of Saint Ch	ristopher (St. Kitts) and	Nevis.					
C – That I (or the child) h	ave not previously held	l or applied for a Sair	nt Christopher (St. Kitts)	and Nevis passport of any type.					
				elled, other than passport no.:, ce the attached passport was issued to me (or the child).					
E – I understand that kno				ontrary to Section 10 of the Passports and Travel					
Documents Act.									
	C:-								
8) RECOMMENDER	Signature			Date (DD-MM-YYYY)					
Recommender Surname:		Recomm	ender Given Name(s):						
Address:									
Phone No.:		Email:							
Profession:				Years have known the Applicant :					
I certify that the applicant is are correct. I have known the	•		the best of my knowled	dge and belief, the facts stated in this application form					
are correct. Thave known the	appreame for the abo	ve specifica years.							
	Signature		Date (DD-MM-YYYY)	Official Stamp					
IMPORTANT: Applicants and persons who countersign applications (see Section 7) are warned that, should any statement made in connection with this applicant, prove to be untrue, the consequences to them may be serious.									
9) SUPPLEMENTAL INFORMATION									
Comments:									

ST. KITTS AND NEVIS





10) PAYMENT STAMPS (for office use)						
Place stamps here:						

PHOTO AREA (for office use)