

(5) Signature or thumbprint of *applicant/minor

Specimen signature or thumbprint of *applicant/minor to be shown on the passport. (Failure to comply with instruction to **Keep within inner border lines** of the box below will invalidate this application).



R. Robinson

(specimen signature)

(Use felt pen 0.6mm with black ink only)

Minors only

(6 A) Consent of parents or guardian for application by minors (under 18 years).

I/We, the undersigned, hereby, authorize the issue of a passport to the abovenamed minor. I/We declare that the information given in the application is correct and that the abovenamed minor has not lost his status of Citizen of Mauritius.

Father/Guardian

Mother/Guardian

.....
Name

.....
Name

.....
Signature/Right Thumbprint

.....
Signature/Right Thumbprint

.....
NIC or Passport No.

.....
NIC or Passport No.

(6 B) Certification of Consent

I certify that the father and mother or legal guardian affixed his/their signatures/right thumbprint/s under paragraph (6A) above in my presence.

Rank, Dept. No. and Name of Police Officer:
(in block letters)

.....
Signature & date

.....
Office Stamp

Place where consent given:

(7) Declaration of applicant/minor's parents or guardian

(A) I declare that I am a citizen of Mauritius and have not renounced my citizenship or lost it through acquisition of another nationality, and the documents and statements produced are true and correct. I am also aware that in case I have supplied any false information/ document, I am liable to prosecution and any passport issued will be cancelled.

OR

(B) I declare that my ward is a citizen of Mauritius and has not lost his/her citizenship of Mauritius through acquisition of another nationality, and the documents and statements produced are true and correct. I am also aware that in case I have supplied any false information/document, I am liable to prosecution and any passport issued will be cancelled.

Signature/thumbprint of applicant: Date:
Or of parents/guardian of minor

FOR OFFICIAL USE ONLY

NAME	INITIAL
Processed by	
Payment slip ordered by	
D/Captured by	
Scanned by	
Printed by	

Approval

Date

**NO OBJECTION CERTIFICATE
Checked name not on record**

Signature:

Date:.....

Checked by:.....