

VANUATU PASSPORT APPLICATION FORM

THIS APPLICATION SHOULD BE SUBMITTED WITH

- Two (2) recent, identical passport photos (less than 6 months old). The Identity Witness must write the applicant's full name on the back of one photo, and sign and date the back of the photo.
- Copy of Original Vanuatu birth certificate
- Copy Married Certificate (women only)
- Previous Vanuatu Passport
- The appropriate fee (VT) for the service required:
 - ♦ 0 to 5 years old 5,000
 - ♦ 6 to 17 years old 7,000
 - ♦ Normal 10,000 (up to 21 days processing time)
 - Express 20,000 (up to 10 days processing time)
 - ♦ Urgent 25,000 (up to 3 days processing time)
- Original birth and citizenship certificate(s) as specified in the Citizenship Declaration section

PASSPORT PHOTO			
Signature o	f passport holde	er must be inside box	
(Select one):	() YES	O NO	

PARTICULARS OF APPLICANT				
Have you had a Vanuatu passport before (Select on	YES () NO	as your passport been Lost or Spassport lost or stolen, provide	YES () NO	
Passport Number: Date	of Travel:	Y Y Y Service	Level (Select one:) NORMAL PRIORITY	
Family Name:		Gender (Select one):	MALE FEMALE	
Given Name/s:		Date of Birth:	D D M M Y Y Y	
Melanesian Name/s:	Other Name/s: Name at E		Birth: IF DIFFERENT FROM FAMILY AND GIVEN NAMES ABOVE	
CITIZENSHIP DECLARATION				
showing at least one parent of ind citizen, and proof of the Parent's cit Born on or before 30 July 1980 and of in	ast one parent that was a Vigenous Ni Vanuatu ancestry izenship (e.g. citizenship cert digenous Ni-Vanuatu ancestry. (ICitizenship Commission after 30	anuatu citizen at the time (, OR original birth certifica ificate). Provide an original birth certific	of birth. (Provide EITHER original birth certificate ate showing at least one parent who is a Vanuatu cate showing at least one Ni-Vanuatu parent).	
Previous Nationality/ies:		Passport Number:		
Place of Issue: COUNTRY TOWN OR CITY	Issue Date:	M Y Y Y Y	Expiry Date:	
Marital Status: Single Married Divorced De facto Driving License No: V.N.P.F No:				
Place of Birth:	Country of Birth:	Eye Color:	Height (cm):	
Occupation/ Profession:	Marks/ Scars:		Phone Number:	
Present Address:				
CONSENT TO ISSUE A PASSPORT (Parent or Guardian to complete this section and signary)	gn the Application Declaration be	elow)	60:41:	
My Name is: FAMILY AND GIVEN NAME OF PERSON GIVING CONSENT My Date of Birth is: D D M M Y Y Y Y Y				
1 1 3		ationship to the child is (Se		
APPLICATION DECLARATION I declare that all particulars in this application are to respects. I understand that if I make a false or mi statement, orally or in writing, in connection V Vanuatu passport application I can, by law, be fin VT 5,000,000 and imprisoned for up to 5 years or be	rue in all sleading Vith this ed up to Passnert Number:	WITNESS DETAILS AND GIVEN NAMES F APPLICABLE	OFFICE USE ONLY	
Signature:	I declare that:	icant for at least one year, and orm is correct to the best of on in the passport photo is form. int of Witness:	the my the	