



**(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).



(Use felt pen 0.6mm with black ink only)

**R. Robinson**

(specimen signature)

**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	Approval	<b>NO OBJECTION CERTIFICATE</b> <b>Checked name not on record</b>  <i>Signature:</i> .....  <i>Date:</i> .....  <i>Checked by:</i> .....
Processed by			
Payment slip ordered by			
D/Captured by		<i>Date</i>	
Scanned by			
Printed by			