

5. NAME OF PERSON REPORTING THE LOSS, THEFT OR MUTILATION (complete this section only if you are **not** the passport holder)

A person with parental responsibility must complete section 5, if the passport holder is under the age of sixteen (16) years (this form should not be used where there is a parental dispute over the possession of a child's passport). If you are completing this form on behalf of an adult passport holder please enclose a covering letter explaining clearly why the passport holder cannot complete this form him/herself.

SURNAME _____

FIRST NAME _____

MIDDLE NAME(S) _____

RELATIONSHIP TO PASSPORT HOLDER _____

HOME ADDRESS _____

_____ **HOME TEL. NO.** _____

E-MAIL ADDRESS _____ **MOBILE NO.** _____

6. DETAIL HOW, WHEN OR WHERE THE LOSS, THEFT OR MUTILATION OF THE PASSPORT OCCURRED.

HAVE YOU HAD ANY OTHER TRINIDAD AND TOBAGO PASSPORTS LOST, STOLEN OR MUTILATED? YES [] NO []

If yes, give details of the previous passport(s)

7. STATE THE COUNTRIES FOR WHICH YOU HAD VISAS ENDORSED IN THE PASSPORT

8. STATE SOME OF THE COUNTRIES YOU HAVE VISITED USING THE PASSPORT.

9. REASON FOR RE-APPLYING FOR A TRINIDAD AND TOBAGO PASSPORT

ATTENTION

The primary purposes for soliciting this information are:

- (1) To ensure that no person shall bear more than one valid passport at one time except as authorised by the **Immigration Division** or the **Ministry or Foreign Affairs**.
- (2) To Guard against Identity Fraud or the otherwise unlawful use of your passport by another person.

I the undersigned certify that the above information provided herein is correct and complete and that I have not sold, pledged or otherwise given my passport to another person or disposed of it in an unauthorized manner. I understand that upon submission of this form, the related passport would be invalidated and can no longer be used. If the passport is subsequently found or recovered, I will immediately return same to the nearest Immigration Division Office, Embassy, Consulate or High Commission of the **Republic of Trinidad and Tobago**.

DATED ____/____/____
 Day Month Year

Signature of Applicant

IDENTIFICATION _____

CERTIFICATION BY THE COMMISSIONER OF AFFIDAVITS OR JUSTICE OF THE PEACE

Made and subscribed this _____ day of _____ in the year _____ before me.

.....
Name in Block Letters

.....
Signature

.....
Official Title