

NOTIFICATION FORM FOR A LOST, STOLEN OR MUTILATED TRINIDAD AND TOBAGO PASSPORT

WARNING TO ALL APPLICANTS

Any such person who makes a written or oral statement knowingly to be false or misleading is guilty of an offence and is liable to fine and imprisonment.

PLEASE PRINT INFORMATION IN BLOCK LETTERS USING DARK BLUE OR BLACK INK PEN

THIS FORM IS TO BE FILLED OUT BY THE APPLICANT & SHOULD BE SIGNED IN THE PRESENCE OF THE COMMISSION OF AFFIDAVITS OR JUSTICE OF THE PEACE

FOR OFFICIAL USE ONLY	
PASSPORT CONTROL OFFICER	
D.C.I.O.	

This is to be used to report the loss, theft or mutilation of a Trinidad and Tobago passport. IMPORTANT: Completing this form will not provide you with a replacement passport To replace your loss, stolen or mutilated passport, you will need to submit this form, one passport sized photograph, a passport application form, supporting documents and fee. 1. DETAILS OF THE LOSS / STOLEN OR MUTILATED PASSPORT NAMES IN WHICH THE PASSPORT WAS ISSUED **SURNAME** FIRST NAME MIDDLE NAME(S) / DATE OF BIRTH PHOTOGRAPH TOWN / CITY OF BIRTH COUNTRY OF BIRTH PASSPORT NO. DATE OF ISSUE ISSUING OFFICE LOST STOLEN MUTILATED STATUS OF PASSPORT 2. CURRENT DETAILS (TO BE FILLED ONLY IF DIFFERENT FROM SECTION 1) CURRENT **SURNAME** CURRENT FIRST NAME MIDDLE NAME(S) /_ 3. CURRENT HOME ADDRESS HOME TEL. NO. E-MAIL ADDRESS MOBILE NO. 4 POLICE REPORT The police must be notified of the loss or theft of the passport. Any passport that is lost or stolen abroad must be reported to the local police of that country. Please submit the police lost document report. HAS THE LOSS/THEFT OF THE PASSPORT BEEN REPORTED TO THE POLICE? YES [] NO [] DATE REPORTED TO POLICE

,	FILATION (complete this section only if you are not the passport holder) oort holder is under the age of sixteen (16) years (this form should not be used
	t). If you are completing this form on behalf of an adult passport kolder please
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 MU	UTILATION OF THE PASSPORT OCCURRED.
HAVE YOU HAD ANY OTHER TRINIDAD AND TOBAGO PASSI If yes, give details of the previous passport(s)	PORTS LOST, STOLEN OR MUTILATED? YES[] NO[]
7. STATE THE COUNTRIES FOR WHICH YOU HAD VISAS END	OORSED IN THE PASSPORT
8. STATE SOME OF THE COUNTRIES YOU HAVE VISITED USI	ING THE PASSPORT.
9.REASON FOR RE-APPLYING FOR A TRNIDAD AND TOBAGO	OPASSPORT
primary purposes for soliciting this information are:	<u>ATTENTION</u>
To ensure that no person shall bear more than one valid passport at one ti	me except as authorised by the Immigration Division or the Ministry or Foreign Affairs.
To Guard against Identity Fraud or the otherwise unlawful use of your pas	ssport by another person.
to another person or disposed of it in an unauthorized manner. I understa	orrect and complete and that I have not sold, pledged or otherwise given my passport and that upon submission of this form, the related passport would be invalidated and I, I will immediately return same to the nearest Immigration Division Office, Embass
DATED	Signature of Applicant
IDENTIFICATION	
CERTIFICATION BY THE COMMISSIONER OF AFFIDAVITS C	OR JUSTICE OF THE PEACE
Made and subscribed this day of before me.	in the year
Name in Block Letters	Signature
Official Title	