

**APPLICATION FORM FOR IDENTITY CARD**

1. This form should be completed in typescript and accompanied by **two** passport size photographs of the applicant, should be returned to the **Protocol Section, DFA.**
2. The ID Card will be sent to the Mission not later than two weeks after sending this form.

**AFFIX  
ONE PHOTO  
HERE**

**PART A : PERSONAL DETAILS**

1. Surname: .....Mr./Mrs/Miss
2. Given Names: .....
3. Date of Birth: .....
4. Appointment/Status: .....
5. Name of Mission: .....
6. Residential Address in Seychelles: .....  
Residential Telephone N°: .....

.....  
Signature of the applicant

.....  
Date

**PART B : HEAD OF MISSION CERTIFICATE**

I certify that the attached photographs and the signature on this application are those of the above mentioned person. I undertake to ensure the return to the Protocol Section, Department of Foreign Affairs, the Identity Card when the holder's appointment in the Republic of Seychelles is terminated.

.....  
Name of the Head of Mission

.....  
Signature of Head of Mission

**FOR OFFICIAL USE ONLY**

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1. Identity card for: .....
2. HEAD OF MISSION/DIPLOMATIC/ADMIN & TECH STAFF
3. Identity Card N°: .....
4. Issued on: .....
5. Folio in P/11/NOTIF/1: .....

Signature: .....  
Chief of Protocol