

REPUBLIC OF SEYCHELLES
MINISTRY OF FOREIGN AFFAIRS & TOURISM
FOREIGN AFFAIRS DEPARTMENT
IDENTITY CARD APPLICATION FORM
(Diplomatic Mission and International Organization)

Name of Diplomatic Mission/ International Organization			
Designation/Appointment			
Surname		Title (e.g. Mr/ Ms/ Mrs/ Dr)	
Given Name(s)			
Period of Assignment (Years/Months)			
Date of Birth			
Contact details	Residential Address in Seychelles		
	Residential Telephone No		
	Mobile phone No		
	Email Address		

Applicant's Signature (please sign in the box and ensure that your signature does not cross the edges)

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COUNTERSIGNED BY HEAD OF MISSION:

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

OFFICIAL STAMP

_____	_____	_____
FULL NAME	SIGNATURE	DATE

FOR USE BY THE FOREIGN AFFAIRS DEPARTMENT

_____	_____
SIGNATURE OF CHIEF OF PROTOCOL	DATE

Please ensure that the following documents are attached to this form and submitted to this e-mail address: protocol@mfa.gov.sc

- One digital passport-size photograph (taken within the last six months)
- Copy of Seychelles National ID Card