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سفارة دولة اريتريا

FORM C NO. B51.9 102009

# EMBASSY OF THE STATE OF ERITREA

STOCKHOLM, SWEDEN

## APPLICATION FOR A LAISSEZ-PASSER

PLEASE USE CAPITAL LETTERS

1.

PASTE PHOGRAPH

(35x45)

DO NOT STAPLE

2.
NAME

2.1
FATHER'S NAME

2.2.
G/FATHER'S NAME

2.3
PLACE OF BIRTH

2.4
DATE OF BIRTH

2.5 GENDER M ☐ F ☐

2.6 _____ cm
HEIGHT

3.
ERITREAN ID NO.

4.
ERITREAN PASSPORT NO.

TYPE:- NORMAL ☐ SERVICE ☐ DIPLOMATIC ☐ ALIEN ☐

5.
NATIONALITY BY BIRTH

PRESENT NATIONALITY

6.
PERMANENT ADDRESS

6.1
ZIP CODE / CITY

6.2
TEL. NO.

6.3
EMAIL

I DECLARE THAT THE INFORMATION GIVEN ABOVE TO BE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

7.
DATE

7.1
APPLICANT'S SIGNATUR

**FOR OFFICIAL USE ONLY**

8.
IMMIGRATION REGISTRATION OFFICE

9.
DIN NO.

10.
FILE NO.

11. DOCUMENTS PRESENTED BIRTH CERTIFICATE COPY OF NID LOSS REPORT OTHER

12.
NAME OF REGISTRAR

12.1
DATE

12.2
SIGNATURE

13.
DECISION OF AUTHORITY

ACCEPTED ☐ REJECTED ☐

13.1
SPECIFY REASON IF REJECTED (THIS PART COULD BE FILLEN IN TIGRINGA OR ARABIC)

13.2
FULL NAME

13.3
SIGNATURE AND SEAL

14.
AMOUNT RECEIVED

14.1
CURRENCY

15.
LAISSEZ-PASSER NO.

16. CHECKING

| RECEPTION | PHOTO CAPTURING | DATA CAPTURING | CASH RECEIPT | VERIFICATION PRINTING | QUALITY CONTROL | ISSUANCE |
|---|---|---|---|---|---|---|
| | | | | | | |

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