



APPLICATION FOR LOST / MUTILATED PASSPORT

FILE NUMBER R.....

(SUBMIT FORM IN DUPLICATES)

1.	First name (s) as in the passport:			
2.	Surname Name (s):			
3.	Date of Birth:	Day:	Month:	Year:
4.	Passport Number:	Date of Issue:		
5.	Place of Birth:	Country of Birth:		
6.	Gender:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	
7.	Have you travelled on a passport that is reported lost?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

8.	Postal Address:			
	Postal code:			
	Telephone:	Town:	Country:	
	Fee chargeable (i.) Mutilated Passport (SEK) 1000 Receipt Number.....			
	Fee chargeable (ii.) Mutilated Passport (SEK) 1200 Receipt Number.....			

DECLARATION

The information I have given is true to the best of my knowledge.

Place..... Date..... Signature.....

FOR OFFICIAL USE

Disabling of Passport(Oversees)	Passport Officer In Charge(Embassy Stamp/ Sign)