

**GHANA PERMANENT MISSION -GENEVA**  
**GHANAIAN CITIZENS REGISTRATION FORM**

Please fill this form as accurately as possible and return it to the Mission together with one passport-size photographs and a photocopy of either the bio data page of your passport or your birth certificate

1) SURNAME.....OTHER NAMES.....

2) PREVIOUS NAMES (IF NAME HAS BEEN CHANGED).....

3) DATE OF BIRTH.....4) PLACE OF BIRTH .....

5) PASSPORT NO..... DATE & PLACE OF ISSUE.....

6) OCCUPATION / PROFESSION.....

7) CONTACT ADDRESS

SWISS..... GHANA.....

.....

.....

TEL..... TEL .....

EMAIL.....FAX..... EMAIL .....FAX.....

8) MARITAL STATUS.....

9) NO. OF CHILDREN IN SWISS..... GHANA.....

10) NEXT OF KIN IN SWISS..... GHANA.....

ADDRESS..... ADDRESS.....

.....

.....

TEL.....EMAIL..... TEL: .....EMAIL.....

11) PERSON TO CONTACT IN CASE OF EMERGENCY IN SWITZERLAND

NAME.....ADDRESS.....

.....

TEL.....FAX.....EMAIL:.....

12) SIGNATURE..... DATE.....

COMPLETED APPLICATION FORMS SHOULD BE SENT TO:  
GHANA PERMANENT MISSION, 56 RUE DE MOILLEBEAU  
1209 GENEVA

TEL: 022 919 0450

FAX: 022 740 2520

EMAIL: INFO@GHANAMMISSION.CH