



EMBASSY OF GHANA

AKERSGATA 1, OSLO

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ENDORSEMENT FORM FOR GHANAIAN PASSPORT

Surname _____

Other name [s] _____

Date of Birth _____ Place of Birth _____

Sex M _____ F _____

Address in Oslo _____

Contact Number _____

Passport No.: _____

Date of Issue: _____

Date of Expiry: _____

Signature of Applicant _____ Date: _____

FOR OFFICIAL USE ONLY

Approved By: _____ Date: _____

Extended To [Date]: _____