



EMBASSY OF GHANA

AKERSGATA 1, OSLO

Tel. +47 21959890 ; Fax +47 21959891

DECLARATION FOR THE REQUEST OF A TRAVEL CERTIFICATE (TC)

1. SURNAME.....

2. FIRST NAME(s).....

3. PLACE AND DATE OF BIRTH

4. PRESENT ADDRESS IN OSLO

.....

5. WHY DO YOU REQUIRE A TRAVEL CERTIFICATE?

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6. DATE OF TRAVEL

7. WILL YOU BE RETURNING? IF SO, HOW?

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I,, solemnly declare that the above particulars are correct and truthful to the best of my knowledge and undertake, to be held responsible should any facts stated in the above be found to be false.

DATE:

SIGNATURE: