

No. TC/15/

Date

.....
Signature of applicant

Valid Until _____

Authority issuing Certificate: OSLO MISSION

Place of issue of Certificate: **OSLO**

***OBSERVATIONS: THIS CERTIFICATE IS
AVAILABLE FOR DIRECT RETURN TO
GHANA FROM COUNTRY OF ISSUE.***

EMERGENCY TRAVEL CERTIFICATE

Surname

Other name(s)

Date of Birth _____

Place of Birth _____

Nationality _____

Name of Father

Name of Mother

Occupation

Contact Address in Ghana

Current Address in Oslo

***The undersigned certifies that the photograph
and signature hereon are those of the bearer
of the present document.***

Signature of the issuing authority