

**APPLICATION FOR A DEPENDANT'S PASS**

(One form for application is to be completed in respect of each dependant for whom a pass is required).

TO: THE CHIEF IMMIGRATION OFFICER,  
P.O. BOX 372,  
MBABANE, SWAZILAND.I hereby apply of a dependant's pass in respect of (name of dependant).....  
.....**APPLICANT'S PARTICULARS**

(All particulars to be in block capitals)

1. Full names: Mr./Mrs./Miss.....  
.....
2. Address.....
3. Particulars of entry permit held.....
4. Relationship to the dependant.....
5. Particulars of other dependants, whether in Swaziland or elsewhere, wife and children:

Full names	Relationship	Age	Resident

**DEPENDANT'S PARTICULARS**

6. (a) Full names of dependants: Mr./Mrs./Miss .....  
.....(Surname)  
.....(Other names)
- (b) Present address.....
- (c) Sex..... (d) Marital status.....
- (e) Date and place of birth.....  
(Proof of birth and/or marriage to be attached to the application)
7. Number, date and place of issue of passport.....  
.....  
Nationality.....
8. Particulars of any change dependant's name by deed poll, marriage or otherwise.....  
.....

I,.....the applicant, hereby declare that the foregoing  
particulars are correct in every detail.

DATE.....

Signature of applicant.....

**Note:** This application cannot be considered unless all the required particulars are completed in full.