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THE PERMANENT MISSION OF UGANDA TO THE
UNITED NATIONS AND OTHER INTERNATIONAL
ORGANIZATIONS IN GENEVA

RUE DE VERMONT 37-39
1202 GENEVA
SWITZERLAND

CONSULAR SECTION

My/Our address (including telephone numbers):

.....
.....
.....
.....

The Consular Officer,
Permanent Mission of Uganda
GENEVA

LETTER OF CONSENT FOR PASSPORT ISSUANCE TO MINOR

I/We,

_____ Father of Child(ren),

_____ Mother of Child(ren),

Hereby inform you that I/we consent to the application for Ugandan passport for my/our son(s)/daughters(s) namely;

_____, born on _____

_____, born on _____

_____, born on _____

in (place of birth) _____

whose custody individually/jointly belongs to me/us as at the date of this letter

Sincerely,

Signature of father _____

Signature of mother _____

Place: _____ Date: _____

Witness/Consular officer _____