



Consulate of Ghana
129 Front St, # 6
Hamilton HM12
Bermuda

APPLICATION FOR GHANAIAN VISA

Applicant's Firstname:

Applicant's Surname:

Applicant's Nationality:

Applicant's Passport N°:

To whom it may concern.

LETTER OF CONSENT (JOINT PARENTAL RESPONSIBILITY)

We, the undersigned, having parental responsibility for the above named applicant hereby give consent to his/her application for a Ghanaian Visa for the purpose indicated in Part1(e) of the Visa application form.

We have attached photocopies of our passport information (bio-data) pages/identity cards and signatures as evidence of our consent given on this date.

Yours faithfully,

signature1

signature2

Full name:

Full name:

Address:

Address:

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Contact Tel:

Contact Tel:

Relationship:

Relationship:

Date:

Date:

If the applicant will be travelling accompanied by someone other than any of the above named parents/guardians, then please provide details of the accompanying passenger:

Fullname: Relationship:

Nationality: Passport N°: