

# ZIM PASSPORTS ONLINE e-FORM

**A**  
eF1

## APPLICATION FOR A ZIMBABWE E-PASSPORT

TO BE COMPLETED IN BLOCK LETTERS IN BLACK INK BY THE APPLICANT

For further instruction visit [www.zimpassports.online](http://www.zimpassports.online)

### 1 PERSONAL DETAILS

|                |                          |   |   |
|----------------|--------------------------|---|---|
| ID Number      | <input type="text"/>     | Birth Entry Number  | <input type="text"/>  |
| Surname        | <input type="text"/>     |   |   |
| Other names    | <input type="text"/>     |   |   |
| Maiden name    | <input type="text"/>     | Has name been changed? If yes, state original name how changed and sate | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Sex (M/F)      | <input type="checkbox"/> | Marital status<br>Tick the appropriate box                              | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |
| Date of birth  | <input type="text"/>     |   |   |
| Place of birth | <input type="text"/>     | Country of birth  | <input type="text"/>  |

|                                |                         |                |                      |                |                      |
|--------------------------------|-------------------------|----------------|----------------------|----------------|----------------------|
| Height                         | <input type="text"/> cm | Colour of eyes | <input type="text"/> | Colour of hair | <input type="text"/> |
| Visible marks of peculiarities | <input type="text"/>    |                |                      |                |                      |
| Profession                     | <input type="text"/>    |                |                      |                |                      |
| Residential address            | <input type="text"/>    |                |                      |                |                      |
| Country of permanent           |                         | Telephone      | <input type="text"/> |                |                      |

### 2 MARRIED WOMAN, DIVORCED OR WIDOWED

|                             |                      |                                    |                      |  |  |
|-----------------------------|----------------------|------------------------------------|----------------------|--|--|
| Date of marriage            | <input type="text"/> | Husband's full name                | <input type="text"/> |  |  |
| Place & country of marriage | <input type="text"/> | Husband's place & country of birth | <input type="text"/> |  |  |
| Husband's citizenship       | <input type="text"/> | Marriage or divorce order number   | <input type="text"/> | State if married more than oce, if yes particulars of former marriage(s) must be given on page 2 section 7 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 3 NEXT OF KIN

|                     |                      |                       |                      |
|---------------------|----------------------|-----------------------|----------------------|
| Full name           | <input type="text"/> | Relation to applicant | <input type="text"/> |
| Residential address | <input type="text"/> | Telephone             | <input type="text"/> |

### OU FOR OFFICE USE ONLY

RECEIPT No.

.....

AMOUNT PAID

.....

PAYMENT METHOD

.....

DATE .....

OFFICE DATE STAMP &  
VERIFIER'S NAME

ONLINE TICKET-ID

|||||

AUTHORIZING OFFICER'S NAME

.....

4

DECLARATION BY APPLICANT

- 1. I am a citizen of ZIMBABWE by:  Birth  Descent  Registration
- 2. Were you ever issued with a ZIMBABWEAN PASSPORT/TRAVEL DOCUMENT?  No  Yes, valid  Yes, Expired  Yes, Full  Yes, Lost  
If yes, state the Passport number
- 3. Are you a holder of a foreign passport?  N/A  No  Yes  
If yes, state the Passport number
- 4. Did you renounce your foreign birth right in favour of Zimbabwean citizenship?  N/A  No  Yes
- 5. Did you surrender your foreign passport?  N/A  No  Yes  
State the Passport number

I declare that the information given on this form is correct. I understand that giving incorrect or misleading information, or any omission made with the intention of misleading, will make me liable to a jail sentence, Loss of citizenship or forfeiture of a passport privilege.

Signature  Date   
In bold black ink

5

DECLARATION BY PARENT OR OTHER LEGAL GUARDIAN (for children under 18 years)

I (fullname) ..... I.D. No.

Declare that the information given in this application is correct to the best of my knowledge and belief. I hereby give my consent to the issue of a passport to the application

Relationship to child  Signature of parent/legal guardian  Date

6

PARTICULARS OF LOST/STOLEN PASSPORT OR NOT AVAILABLE FOR PRESENT USE

Passport No.  Issued at  Issue date   
Bearer's full name

State how lost/stolen or other reasons.

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

Officer's Signature and C.R No.

6

PREVIOUS MARRIAGE DETAILS/FORMER NAMES

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

OU FOR OFFICE USE ONLY

Previous Travel Documents

Passport No.  Issue date

Issued at

Which has been  Cancelled and returned  lost

OBSERVATIONS

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