

**EMBASSY OF INDIA**

**House No 47, Commandante Nzaji Street, Alvalade, Luanda**

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Tel. 941564851/941564887/941565957/

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 **AFFIDAVIT TO BE GIVEN BY PARENTS OF A MINOR CHILD**

(When applying for passport at Embassy of India, Luanda)

We (1) name of father……………………………………….. & name of mother

(2) ………………………………………solemnly declare and affirm as follows:

**That** we are the mother and father of (name of child)……………………………

……………………….. who is born on (date)…………….is a minor child and on

whose behalf we have made an application for his/her passport to Embassy of India, Luanda.

**We** also affirm that in the case of a court case arising due to issue of passport to the minor child (name)…………………………..we would be solely responsible for defending the case and not the passport issuing authority.

Date:

Place Signature Signature

  **Name of father Name of mother**

Witness (1)name and signature Witness (2) name signature