

HIGH COMMISSION OF INDIA

Quadrant B & C, 5th Floor, UN Building, Somhlolo Road
Mbabane, Eswatini
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Phone: +268 – 24101621

Paste Passport Size
Picture

APPLICATION FORM FOR MISCELLANEOUS CONSULAR SERVICES

1. a) Full Name (In Capital letters):
b) Alias(s), if any (In Capital letters):
2. Nationality:
3. Date of Birth: _____ Place of Birth: _____.
4. Residential Address:

In Eswatini	In India
Tel No. (+268)	Tel No. (+91)
Email:	Email:

5. Particulars of the Passport/Travel document:
 - a) Passport No:
 - b) Date of Issue: _____ Date of expiry -
 - c) Place of Issue –

6. Resident Permit/Work Permit No:-

7. Details of Indian Driving Licence :

Driving Licence No.	
Date of Issue and Date of Expiry	
Issuing Authority	
Vehicle(s) Category Authorized	

Place -

Applicant's Signature

Date –
