HIGH COMMISSION OF INDIA

Quadrant B & C, 5th Floor, UN Building, Somhlolo Road Mbabane, Eswatini www.hcimbabane.gov.in /cons.mbabane@mea.gov.in Phone: +268 – 24101621 Paste Passport Size Picture

APPLICATION FORM FOR EMERGENCY CERTIFICATE (EC)

1. a) Full Name (In Capital letters):

b) Alias(s), if any (In Capital letters):

2.Father's Name:

3. Nationality:

4. Date of Birth: ______ Place of Birth: ______.

5. Residential Address:

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

6. Particulars of the Passport/Travel document:

a) Passport No:

b) Date of Issue: _____ Date of expiry -

c) Place of Issue –

7. DIRE (Resident permit) N°- (if any):

8. Arrival Details:

Arrival Date	
Port of Departure	
Port of Arrival	
Details of local sponsor / employer i.e. name,	
address and phone number	

9. Reason for Applying for Emergency Certificate:

10. Name / addresses of two people / relatives in India who can be contacted for information and verification:

S.No.	Name	Relation	Address	Telephone Number
1				
2				

Place -

Applicant's Signature

Date –

Specimen Signature

Specimen Signature		
opeennen olghatare		

AFFIDAVIT BY TWO INDIAN KNOWN TO APPLICANT

l,	. Resident of	
	(Address in Eswatini)	
And holder of Indian Passport No at	do hereby solemnly affirm and declare that:	
Mr/Ms		
Resident of	who has	
Applied for an Emergency Certific	ate in the High Commission of India, Mbabane, he/ she is known to me	

since_____(period) and I affirm his/ her good conduct during his/ her stay in Eswatini.

The above information is true to my knowledge and belief.

(Signature)		
-		-
Phone number		
Email:		
		-

Enclosed: copy of Indian Passport copy and DIRE/Resident Visa