

HIGH COMMISSION OF INDIA

Villa No. 18, Royal Villas, Ezulwini, Eswatini
www.hcimbabane.gov.in /cons.mbabane@mea.gov.in
Phone: +268 - 24171413

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^o- (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

AFFIDAVIT BY TWO INDIAN KNOWN TO APPLICANT

I, _____ . Resident of _____
_____ (Address in Eswatini)

And holder of Indian Passport No: _____ . Date of issue _____ . Issued
at _____ do hereby solemnly affirm and declare that:

Mr/Ms _____

Resident of _____ who has

Applied for an Emergency Certificate 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.

<p>(Signature)</p> <p>_____</p>
Phone number:
Email:

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