



EMBASSY OF THE REPUBLIC OF CAMEROON
THE NETHERLANDS



APPLICATION FOR A LAISSEZ PASSER

(FORM TO BE COMPLETED AND SUBMITTED
TOGETHER WITH ONE PASSPORT PHOTOGRAPH)

SURNAME:..... MAIDEN NAME

FORENAMES:.....

SEX: Male: Female:

DATE AND PLACE OF BIRTH:.....

NATIONALITY (At present):.....

NATIONALITY (At Birth):.....

OCCUPATION:.....

MARITAL STATUS: Single Married Divorced

CHILDREN TRAVELLING IN YOUR COMPANY (Names and Ages):



PRESENT ADDRESS IN THE NETHERLANDS:.....

REASONS FOR TRAVELLING TO CAMEROON.....

REQUESTED DURATION OF STAY:.....

CONTACTS IN CAMEROON (Names and Addresses):.....

DATE OF DEPARTURE:.....

TELEPHONE N°: Email:.....

Passport / ID Card N° /Birth Certificate N°:.....

ISSUED AT:VALID UNTILL:

SIGNATURE:..... DATE:.....

OFFICIAL USE	Laissez passer N°:	Type of Laissez Passer:
	VALIDITY:
	ISSUED AT:
	Date:.....

Amaliastraat 14, 2514 JC THE HAGUE
Tel: 070-3469715
Fax: 070-3652979
Email: ambacam-la-haye@planet.nl
Website: www.cameroon-embassy.nl