

PASSPORT SIZE PHOTO OF APPLICANT

(CAP 15:01)

## APPLICATION FOR RESTORATION OF MALAWI CITIZENSHIP AS A DUAL CITIZEN

(To be completed in duplicate and in BLOCK CAPITAL LETTERS)

## **PART I - APPLICATION**

1.	I(full name)
	having renounced my Malawi Citizenship, apply for restoration of the citizenship as a dual
	citizen.
2.	Date of birth
3.	Place of birth
4.	VillageDistrict
5.	I acquired Malawi citizenship by *birth/descent/registration/naturalization/adoption.
6.	I renounced/lost my Malawi citizenship on theday of,
	*19/20 and now desire restoration of the renounced/lost Malawi citizenship.
7.	Details of parents
	a. Father
	i (full name)
	ii. Village
	iii. Traditional Authority

	1V.											
	v.											
	vi.	Nationa	l identif	ication nu	ımber							
b	. Mot	ther										
	i.	(full name)										
	ii.	Village Traditional Authority										
	iii.											
	iv.											
	v.	Date an	d place	of birth								
	vi.	Nationa	l identif	ication nu	ımber			• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
8.	Part	iculars	of	any	criminal	cor	victions	in	any	country		
9.	Particulars of any pending criminal proceedings in any country											
** A	ttach s	upporting	docum	ents listed	l in regulati	on 3(2)**	k					
			]	PART II -	- AFFIDAV	'IT OF R	ELATIVE					
т					(full p	oma) of	f Willogo		-	Fraditional		
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	•				Nation					_		
		•			egistration/		-		•			
				-	4 414 41-	ì						
a citi	zen of	maiawi t	oy *birth	1/descent	and that the	particula	ars in this a	appiicati	on are con	rect to the		

best of my knowledge and belief.

Declared at	tl	his day of	f )	
	20		)	(Signature)
Before me				
*Magistrate /	Commissioner for	Oaths		
		III - DECLARAT		
I,				(full name) do solemnly and sincerely
declare that to	o the best of my k	nowledge and be	lief th	e particulars stated in this application are
true and corre	ect in all respects.			
Declared at	tl	his day	of)	
	20		)	(Signature)
Before me				
	*Magistrate / Co	mmissioner for O	aths	
*Delete which	hever is inapplicab	le		