



Embassy of India, Luanda  
 18A, Rua Marquest Das Minas  
 Caixa Postal 6040, Maculusso,  
 Luanda, Angola

Tel: 00244 222 392281, 371089/ Fax 00 244 222 371094

Email: [consindemuanda@netcabo.co.ao](mailto:consindemuanda@netcabo.co.ao), [indembluanda@netcabo.co.ao](mailto:indembluanda@netcabo.co.ao)

**AFFIDAVIT TO BE GIVEN BY PARENTS OF A MINOR CHILD**

*(When applying for passport at Embassy of India, Luanda)*

We (1) name of father..... & name of mother

(2) .....solemnly declare and affirm as follows:

**That** we are the mother and father of (name of child).....

..... who is born on (date).....is a minor child and on

whose behalf we have made an application for his/her passport to Embassy of India, Luanda.

**We** also affirm that in the case of a court case arising due to issue of passport to the minor child (name).....we would be solely responsible for defending the case and not the passport issuing authority.

Date:

Place

Signature

Signature

**Name of father**

**Name of mother**

Witness (1)name and signature

Witness (2) name signature