



EMBASSY OF THE UNITED REPUBLIC OF TANZANIA

P. O. Box 36302, Building No. 7

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ENDORSEMENT OF CHANGE OF A NAME TO A TANZANIAN PASSPORT

Passport No.: _____ Issued in/at: _____ Date of Issue: _____

Name of Holder: _____ Date of Birth: _____

Sex [Male | Female]: _____

Address: _____

Reason(s) for the new name: _____

The new name should read: _____

Signed: _____ Date: _____

NB:SEND TO THE EMBASSY A DULLY FILLED IN FORM, AN ADMINISTRATIVE FEE
OF US\$ 20.00, A SELF ADDRESSED REGISTERED STAMPED ENVELOPE AND
PASSPORT FOR ENDORSEMENT.