

Affidavit for Loss of Passport

Core Requirements:

1. Personal appearance of applicant
2. Original Report of Loss from the UAE Immigration Office, duly stamped by the Abu Dhabi Police General Headquarters, with English translation. (Make sure that the passport number and the name of the passport owner are stated in the report.)
3. Photocopy of the said documents.
4. Two (2) copies of the lost passport, if available.
5. Certified Original Copy and Photocopy of Birth Certificate from the Philippine Statistics Authority (PSA)
 - If a copy of the applicant's last issued passport is available, the Birth Certificate will not be required.

Case-additional requirements:

- **For married women:**
 - Certified Original Copy of Marriage Certificate from the Philippine Statistics Authority (PSA)
 - Photocopy of the said document

- ❖ There is a 15-day clearing period from the date of filing of the Affidavit before the applicant can apply for replacement of lost passport.

Embassy of the Republic of the Philippines) S. S.
Abu Dhabi, United Arab Emirates)

AFFIDAVIT OF LOSS OF PASSPORT

I, _____, of legal age,
single / married / widowed, Filipino citizen, with permanent address at
_____, Philippines, and
temporarily residing at _____, UAE after
having been duly sworn to in accordance with the law, do hereby depose and say:

- That I arrived in the UAE on _____ at the port of
_____ for the purpose of
_____;
- That I was the bearer of Philippine Passport No. _____,
issued on (date issued) _____ by the Department of Foreign
Affairs in (place issued) _____;
- That the following are the circumstances on how the passport was lost:

IN WITNESS HEREOF, I have hereunto set my hand this ____ day of (month)
_____ in the year 20__ at the Embassy of the Philippines, Abu Dhabi, United
Arab Emirates.

Affiant's Signature over Printed Name

SUBSCRIBED AND SWORN to before me this (date) _____,
affiant exhibiting his/her Passport No. _____ issued on (date of issue)
_____, in (place of issue) _____.

Service No. : _____
Doc. No. : _____
Book No. : _____
Fee Paid : _____
O.R. No. : _____