Republic of South Sudan
Ministry of Interior
Directorate of Nationality, Passports and Immigration

Application for South Sudan 'e'-Passport

Form 3(A)

Under the provisions of False Information, Passports and Immigration Act, 2011

Warning: Omission of material facts or giving false information exposes the applicant and the witness to legal procedures.

1. Required Data:

Place of Application: Juba Date (Day/Month/Year): 21 / 10 /20 26

Application No. A-2026-00123

Passport Type: Regular ☑ Diplomatic ☐ Special ☐ Business ☐ Official ☐

2. Personal Data:

PHOTO

Sex: Male ☐ Female ☑

Full Name: Surname: CHOL

Given Names: Nyandeng Grace

Father's Full Name: Deng Akol Chol

Mother's Full Name: Achol Nyok Madit

Martial Status: Single ☑ Married ☐ Divorced ☐ Widowed ☐

Name of Spouse (If Married): N/A

3. Data of Birth:

Place of Birth: Juba

Date of Birth (Day/Month/Year): 14 / 03 /2000

Place of Origin: State: Lakes County: Rumbek Centre Payam: Malek Boma: Aduel

Type of Birth Certificate: Birth Certificate ☑ Assessment of Age ☐

4. Statement of Nationality:

Nationality: South Sudanese Nationality Certificate No. NC-2017-004567

Date of Issue (Date/Month/Year): 15 / 08 /20 17

Place of Issue: Juba Personal No. P0012345

Type of Nationality: by Birth ☑ by Naturalization ☐ Naturalization by Marriage ☐

Other Passport if applicable: None

5. Previous Passport: No ☐ Yes ☑ (Give details below)

Passport No: S00045678 Date of Issue (Day/Month/Year): 02 / 05 /20 19

Place of Issue: Juba Expiry Date: 01 / 05 /20 24

Passport Type: Regular ☑ Diplomatic ☐ Special ☐ Business ☐ Official ☐

6. Blood Group: O+

7. Professional Data:

Occupation: Teacher

Name of Organization: Gumbo Basic Primary School

Business Address: Hai Jalaba, Juba

P.O. Box: 123 Tel: +211 920 000 000 Mobile: +211 920 000 000

Email: Nyandeng.chol@gmail.com Fax: N/A

8. Demographic Data:

Residential Address: Hai Jalaba, Juba

Plot 45, near the market, Juba

P.O. Box: 123 Tel: +211 920 000 000 Mobile: +211 920 000 000

9. Confirmation of Data Validity:

I, Nyandeng Grace Chol, confirm that the provided information is true and correct.

Signature of Applicant:

Fingerprint of Applicant

10. Witness:

Surname: Deng

Given Names: Peter Mading

Nationality: South Sudanese ID/Passport No: S00098765

Date of Issue: 12 / 09 /20 22 Place of Issue: Juba

Expiry Date: 11/09/2027 Residential Address: Hai Cinema, Juba

State: Central Equatoria County: Juba Payam: Juba Town

Boma: Hai Cinema

P.O. Box: 456 Tel: +211 921 000 000 Mobile: +211 921 000 000

Other certification:.....

Signature of Witness:..... Date: 21/10/2026

11. Attached Documents (Official use):

Photo of Applicant ☐ Nationality Certificate ☐ Occupational reference Letter ☐

Birth ☐ Assessment Certificate ☐ ID Card ☐ Passport ☐ Resident Certificate ☐

FOR OFFICIAL USE

12. Approving Authority:

Rank and name:.....

Place of work:.....

Authorization number:.....

Date:...../...../20..... Decision:.....

Comments:.....

Stamp and Signature:.....

13. Issuing Authority

Rank and Name:.....

Place of work:.....

Authorization number:.....

Passport No.:..... Date of Issue:...../...../20.....

14. Fee

Fee:.....

Date of Receipt:...../...../20..... Receipt No.:.....

Title and Name of accountant:.....

Signature and stamp of accountant:.....

Other certification:.....

Signature of Witness:..... Date:.....

11. Attached Documents (Official use):

Photo of Applicant ☐ Nationality Certificate ☐ Occupational reference Letter ☐

Birth ☐ Assessment Certificate ☐ ID Card ☐ Passport ☐ Resident Certificate ☐

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13. Issuing Authority

Rank and Name:.....

Place of work:.....

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Passport No.:..... Date of Issue:...../...../20.....

14. Fee

Fee:.....

Date of Receipt:...../...../20..... Receipt No.:.....

Title and Name of accountant:.....

Signature and stamp of accountant:.....