APPLICATION FORM

Accreditation number Issue date Expiration date Type of ID Card

Name of Mission/ Organisation

Personal data /Staff only/ 1. Family name 2. Given name(s) 3. Title (Mr, Mrs, Ms, Dr, Col, etc) 4. Marital status 5. Nationality/Citizenship 6. Place and date of birth 7. Private Residence address 8. Telephone	Photograph 3cm x 4cm
Passport data /Staff only/ 7. Type of Passport diplomatic 8. Passport No. 9. Date of issue 10. Issued at 11. Valid until	□ other
Accreditation data /Staff only/ 14. Position at the Mission 15. Functions/Responsibilities 16. Section/division at the Mission 17. Name of predecessor 18. Date of arrival in Latvia	Staff only/
20. Position in the Diplomatic List after: (Diplomatic and Consular Staff only)	
Family member data /Family members only/ 21. Family name 22.Given name(s) 23. Relationship	
24. Nationality/Citizenship 25. Place and date of birth 27. Type of Passport 28. Passport No. 30. Issued at 32. Residence address 33. Telephone (optional)	• other
Stamp Signature of applicant	
Signature of Head/Acting Head of Mission Date The Ministry of Foreign Affairs request to be informed by a Note Verbale of any changes in the above mentioned information and of the termination of duty and final departure of any member of the Mission. On final departure, the ID cards must be returned to the State Protocol. Date	
