DECLARATION

PRETORIA, DATE

THE UNDERSIGNED (FULL NAME OF PARENT) HOLDER
OF THE SOUTH AFRICAN PASSPORT AND OR SOUTH AFRICAN ID
NUMBERED, MOTHER /FATHER OF
(CHILDS NAME) BORN ON THE(DATE BIRTH OF CHILD) HEREBY GIVE CONSENT FOR MY HUSBAND /WIFE
HOLDER OF CYPRIOT PASSPORT OR CYPRIOT ID TO APPLY FOR CYPRIOT
CITIZENSHIP/PASSPORT OR ID CARD FOR OUR CHILD.
I DECLARE THAT I HAVE NO OBJECTIONS TO MY CHILD BECOMING A CYPRIOT CITIZEN/ APPLYING A CYPRIOT PASSSPORT/ID.
PARENTS SIGNATURE NAME & SURNAME
WITNESS 1
ID NUMBER
······································
WITNESS2 ID NUMBER