

**Authorization to submit a visa application of a minor
at the Consulate General of the Republic of Suriname in Amsterdam**

Undersigned,

Family name : _____

First name(s) : _____

Date of birth : _____

Address : _____
(complete)

hereby authorizes that for her/his/their child:

Family name : _____

First name(s) : _____

Date of birth : _____

a visa for Suriname may be applied for by:

Family name : _____

First name(s) : _____

Date of birth : _____

Place: _____ Date: _____

Signature of the parent(s)/legal guardian(s) authorizing:

to be attached (good quality):

- copy of passport/ID
- copy of birth certificate or other legal document mentioned as required supporting documents on website.