THE BEARER MUST COMPLETE THE PARTICULARS BELOW:
LE TITULAIRE EST PRIE DE COMPLETER LES DETAILS CI-DESSOUS:

Bearer's place of permanent residence:
Residence principale du titulaire:

| |
|---|
| Street — Rue: 2 Montana Rd |
| Place — Lieu: Campe Bay, Cape Town |
| Country — Pays: South Africa |
| Telephone — Telephone: +27835980412 |

In case of accident or death notify:
En cas d'accident ou de deces, priere d'aviser:

| |
|---|
| Name — Nom: Susan Mosdell |
| Relationship — A titre de: mother |
| Street — Rue: 2 Montana Rd. |
| Place — Lieu: Campe Bay, Cape Town |
| Country — Pays: South Africa |
| Telephone — Telephone: +27729896114 |
| Signature of bearer — Signature du titulaire: |

REPUBLIC OF SOUTH AFRICA REPUBLIQUE D'AFRIQUE DU SUD

**PASSPORT PASSEPORT**



TYPE - TYPE: PP
COUNTRY - PAYS: ZAF
PASSPORT No - No DU PASSEPORT: 469011685
SURNAME - NOM: MOSDELL
GIVEN NAMES - PRENOMS: NATALIE ANN
NATIONALITY - NATIONALITE: SOUTH AFRICAN / SUD-AFRICAINE
DATE OF BIRTH - DATE DE NAISSANCE: 30 04 1990
IDENTITY No - No D'IDENTITE: 9004300088088
SEX - SEXE: F
PLACE OF BIRTH - LIEU DE NAISSANCE: SOUTH AFRICA
DATE OF ISSUE - DATE DE DELIVRANCE: 28 06 2007
AUTHORITY - AUTORITE: DEPT OF HOME AFFAIRS
DATE OF EXPIRY - DATE D'EXPIRATION: 27 06 2017

PPZAFMOSDELL<<NATALIE<ANN<<