**EMBASSY OF INDIA, STOCKHOLM**

**FORM XXII**

**(See rule 23 (1))**

**The Citizenship RULES, 2009**

**ANNEXURE - I**

DECLARATION OF RENUNCIATION OF CITIZENSHIP UNDER SECTION 8 OF THE ACT MADE BY A CITIZEN OF INDIA WHO IS ALSO A CITIZEN OR NATIONAL OF ANOTHER COUNTRY

1. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (here insert name and address of declarant) am of full age and capacity and was born at (with Tehsil, District, State and Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I have/ have not been married.

3. I hereby renounce my citizenship of India.

4. I hereby renounce my citizenship of India and surrender my India Passport No.\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with date of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name and full particulars of minor children who are Citizens of India, if any \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. I am/was Indian Citizen by Birth/Decent/Registration/Naturalization

7. The circumstances in which/reasons due to which applicant intends to acquire foreign citizenship and renounce Indian citizenship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do solemnly and sincerely declare that the foregoing particulars stated in this declaration are true and I make this solemn declaration conscientiously believing the same to be true.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(FOR OFFICE USE)**

Made and subscribed this\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ before me

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Particulars of Declarant**

|  |  |  |
| --- | --- | --- |
| 1. | Full Name |  |
| 2. | Address |  |
| 3. | Profession or occupation |  |
| 4. | Place and date of birth |  |
| 5. | (Second) Nationality |  |
| 6. | Marital Status (Single, married, etc.) |  |
| 7. | Contact Number |  |
| 8. | Email id |  |
| 9. | Name of wife or husband |  |
| 10. | Names and nationalities of parents |  |
| 11. | Names and full particulars of children, if any |  |

**To be filled by a witness (who is an Indian citizen)**

I, the undersigned, hereby state that I am an Indian citizen otherwise than by naturalization that I am householder, and that I am not the solicitor or agent of\_\_\_\_\_\_\_\_\_\_\_\_ I vouch for the correctness of the statements are by \_\_\_\_\_\_\_\_\_\_\_\_\_ in his application for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNEXURE – II**

**(To be filled in duplicate)**

**FORM XXIV**

**(See rule 23 (2))**

**The Citizenship Rules, 2009**

 **CERTIFICATE OF RENUNCIATION OF INDIAN CITIZENSHIP UNDER RULE 23 OF THE CITIZENSHIP RULES, 2009**

This is to certify that the person whose details are given below has voluntarily renounced the Indian citizenship and pursuant to section 8 of the Citizenship Act, 1955, he/she shall cease to be a citizen of India with effect from the date of issue of this certificate:

1. Name: ………………………………………………………….

2. Father´s name: …………………………………………….

3. Mother’s name: ……………………………………………

4. Date of Birth: ……………………………………………….

5. Place of Birth: ……………………………………………….

6. Indian Passport No………………………………………...

7. Address: ……………………………………………………….

8. He/she has acquired the citizenship of India by Birth/Descent/Registration/Naturalization

 ………………………………………………..

 Signature and seal of the Issuing Authority

Name:

 Designation:

Place of Issue: ……………………………….

Date of Issue: ……………………………….