



Consulate General of the Republic of Trinidad and Tobago
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THIRD PARTY AUTHORISATION FORM MACHINE READABLE PASSPORT (MRP)

NAME OF APPLICANT: _____
(Please PRINT name)

I hereby authorize **Ms./Mrs./Mr.** _____
to collect my Machine Readable Passport (MRP) instead of having it mailed to me. I am aware
and have agreed that the postage fee is non refundable.

He/she will present his/her valid **original and one clear (black and white) photocopy of
their ID#** _____ together with my **previous passport and
yellow receipt.**

A clear (black and white) photo copy of my ID _____
(Please indicate ID number and type e.g., ID card, Driver License, Passport etc.)
is attached.

My address is: _____

Tel. No.: _____

Email: _____

Signature: _____

Date: _____



Notary
Signature
& Stamp: _____

Instruction: This document must be notarized