

## Republic of Malawi Ministry of Foreign Affairs and International Cooperation

Form: ERP 11/19/07

From:

Secretary for Foreign Affairs and

## **Extension of Residence Permit**

To:

The Chief Immigration Officer,

	International Cooperation,		Department of Immigration,		
	P.O. Box 30315,		Blantyre;		
	Lilongwe		Att: Regiona	al Immigration Officer	
	Details of Applicant Name:				
	<b>Designation:</b>				
	Diplomatic ID				
	<b>Number</b> (attach copy):				
	Mission/International				
	<b>Organisation:</b>				
	Nationality:				
	Date Of Birth:				
	Passport Number:				
	Place Of Issue:				
	Date Of Issue:				
	Date Of Expiry:				
	Date Of Arrival:				
	Extension details	Expiry of Initi	al contract;	Extension required up to:	
Signe	oture of applicant		D	ate:	
	iture or applicant.		D	atc	
For a	official use only;				
Requ	Request numberOfficial				
Name	Jame of Officer:  Stamp				
Signa	nture:	Date: .			