

Сайн байна уу,

Хүүхэд харгалзан авч явах итгэмжлэлд хавсаргагдах материалууд:

1. Consul.notary.mn -ээр зөвшөөрөгдсөн QR code-той итгэмжлэл
2. Төлөөлүүлэгчийн Монгол улсын хүчин төгөлдөр хугацаатай бичиг баримт
3. Хүүхдийн гадаад паспорт болон төрсний гэрчилгээ
4. Төлөөлөгчийн гадаад паспорт
5. Хүүхэд харгалзан авч явах англи захиадал
6. 15 USD money order

Хэрэв хүүхдийг АНУ-аас Монгол Улс болон гадаад улс руу авч явж байгаа тохиолдолд баталгаажсан итгэмжлэл болон захидлыг хүлээн авах БУЦАХ ДУГТУЙ-г материалын хамт илгээнэ үү. Буцах дугтуй нь pre-paid, self addressed байх шаардлагатайг анхаарна уу.

Хоёрдугаар хуудаснаас загварыг харна уу

Parent or Legal Guardian Authorization Letter

MINOR:

Last name: Temuulen

First name: Angar

Passport: E23232520

DOB: 25 June 2018 Sex: Male

MOTHER:

Last name: Bataa

First name: Tsetsgee

Passport: E22232520

DOB: 20 June 1985 Phone: 4156224000

Address: 415 California street ste 200 San Francisco CA 94104

FATHER:

Last name: Nyamaa

First name: Temuulen

Passport: E22525252

DOB: 10 Oct. 1985 Phone: 4156224001

Address: 415 California street ste 200 San Francisco CA 94104

PROPOSED GUARDIAN(S) (1):

Last name: Orgil

First name: Nyamaa

Passport: E25252632

DOB: 23 Sept. 1965 Phone: +976 99000000

Address: Ulaanbaatar Bayzanzurkh district apt. 65-410

Relationship to minor: Grandfather

PROPOSED GUARDIAN(S) (2):

Last name: _____

First name: _____

Passport: _____

DOB: _____ Phone: _____

Address: _____

Relationship to minor: _____

Authorization and Consent of Parent(s)

1. I (we) affirm that the minor indicated above is my child and that I have legal custody of her/him. I give full authorization and consent for my child to travel and for the proposed guardian to accompany my child during the period indicated on clause 4.
2. I (we) give the proposed guardian permission to act in my place and to make decisions pertaining to my child's emergency treatments that, in the proposed guardian's sole opinion, are needed or useful for my child. Such medical treatment shall only be provided upon the advice of, and supervision by, a physician, surgeon or dentist or other medical practitioner licensed to practice in flight or in countries indicated on clause 3.
3. Travel information: From USA to Mongolia / or / KE8026
4. This authorization shall cover the period from 23 June 2023 to 22 September 2023.

I (we) declare under penalty of perjury and under the applicable laws that the foregoing is true and correct.

Mother's signature: _____ Father's signature: _____

Date: _____ Date: _____

Consent of Proposed Guardian(s)

I solemnly affirm that I will assume full responsibility for the minor who will travel with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent by Parent(s). *I declare under penalty of perjury and under the applicable laws that the foregoing is true and correct.*

Proposed Guardian's (1) Signature: _____ Date: _____

Proposed Guardian's (2) Signature: _____ Date: _____

Certified by: KHONGORZUL Erdenechuluun (Vice consul) Signature: _____ Date: _____