

WIC 4/11 10

U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS OMB APPROVAL NO. 1405-0020
 EXPIRATION DATE: 12-31-2015
 ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions
 Please select the document(s) for which you are applying:
 U.S. Passport Book U.S. Passport Card Both
 2 Page Book (Standard) 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad. The passport validity period and is recommended for applicants who have previously required the number of visa pages.

115457072

1. Name Last: MAXWELL
 First: GHISLAINE Middle: NOELLE

2. Date of Birth (mm/dd/yyyy): [REDACTED] 3. Sex: F M 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known): MAISONS LAFFITTE, FRANCE

5. Social Security Number: [REDACTED] 6. Email Address (e.g. my_email@domain.com): [REDACTED] 7. Primary Contact Phone Number: [REDACTED]

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. [REDACTED]
 Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)
 City: NEW YORK State: NY Zip Code: [REDACTED] Country (if outside the United States):

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)
 A. [REDACTED] B. [REDACTED]

10. Passport Book and/or Passport Card Information
 Your name as listed on your most recent passport book and/or passport card
 GHISLAINE NOELLE MAXWELL
 Most recent passport book number: [REDACTED] Issue date (mm/dd/yyyy): 12/04/2002
 Most recent passport card number: [REDACTED] Issue date (mm/dd/yyyy): [REDACTED]

11. Name Change Information: Only file if name is different than last passport book or passport card
 Changed by: Marriage (Place of Name Change: CA, State) Date (mm/dd/yyyy): [REDACTED]
 Changed by: Court Order: [REDACTED]
 Please submit a certified copy of your marriage certificate or court order to support your name change.

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW
 I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

X [Signature] Applicant's Signature Date: 4/09/12

FOR ISSUING OFFICE ONLY PPT C/R PPT S/R
 Marriage Certificate Date of Marriage/Piece Issued:
 Court Order Date Filed/Court:
 From: _____
 To: _____
 Other
 Attached

For Issuing Office Only → Sk Fee: \$110 Cd Fee: \$600 Postage: Other: CA

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https://ccdi.state.osis.gov/pls/PPT/rpt_passport_images.display_doc_all?p_hash=CF15C41... 2/24/2020

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Name of Applicant (Last, First & Middle)				Date of Birth (mm/dd/yyyy)	
MAXWELL, GHISLAINE NOELLE				[REDACTED]	
12. Height	13. Hair Color	14. Eye Color	15. Occupation	16. Employer or School (if applicable)	
5ft. 8in.	Brown	Brown	CONSULTANT	SELF EMPLOYED	
17. Additional Contact Phone Numbers			Home <input type="checkbox"/> Cell <input type="checkbox"/>		
Work <input type="checkbox"/>			Home Work <input type="checkbox"/> Cell <input type="checkbox"/>		
18. Permanent Address: <i>If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address</i>					
Street/RFD # or URB (No P.O. Box)				Apartment/Unit	
[REDACTED]				[REDACTED]	
City				State	Zip Code
MIAMI				FL	[REDACTED]
19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name		Address: Street/RFD # or P.O. Box		Apartment/Unit	
DANA BURNS		[REDACTED]		[REDACTED]	
City	State	Zip Code	Phone Number	Relationship	
NEW YORK	NY	[REDACTED]	[REDACTED]	ASSISTANT	
20. Travel Plans					
Date of Trip (mm/dd/yyyy)	Duration of Trip	Countries to be visited			
04/12/2012	2 WEEKS	FRANCE AT # 7			
<p>STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE</p> <p>or Disclosure</p> <p>Prohibited</p>					
				 * DS 82 B 12 2010 2 *	

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EFTA01263149



Letter of Authorization

To: The US Passport Office

Dear Sir/Madam:

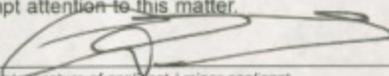
I, GHISLAINE MAXWELL hereby authorize

Passport Rush, LLC. to submit my passport and collect it when issued.

The following visas are required prior to my departure:

Date of birth: 12 / 25 / 1961

Thank you for your prompt attention to this matter.



Original signature of applicant / minor applicant

For my son/daughter

00006885-0778

Prohibited

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