中华人民共和国
PEOPLE'S REPUBLIC OF CHINA

中华人民共和国外交部请各国军政机关对持照人予以通行的便利和必要的协助。

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.

中华人民共和国 PEOPLE'S REPUBLIC OF CHINA

护照 PASSPORT

类型/Type	国家码/Country Code	护照号码/Passport No.
P	CHN	EJ6333803

姓名/Name
吴沁玲
WU, QINLING



性别/Sex	国籍/Nationality	出生日期/Date of birth
男/M	中国/CHINESE	11 MAR 1979

出生地点/Place of birth	签发日期/Date of issue
福建/FUJIAN	27 9月/SEP 2022

签发地点/Place of issue	有效期至/Date of expiry
布宜诺斯艾利斯 BUENOS AIRES	26 9月/SEP 2032

签发机关/Authority
中国驻阿根廷大使馆
EMBASSY OF P.R.CHINA IN ARGENTINA

持照人签名/Bearer's signature
吴沁玲

189181620O

POCHNWU<<QINLING<<<<<<<<<<<<<<<<<<<<<<<<<<<<
EJ63338033CHN7903111M3209262M00CMHNPMB0BA928

备注 OBSERVATIONS

①本护照根据中华人民共和国第G43345905号护照换发。

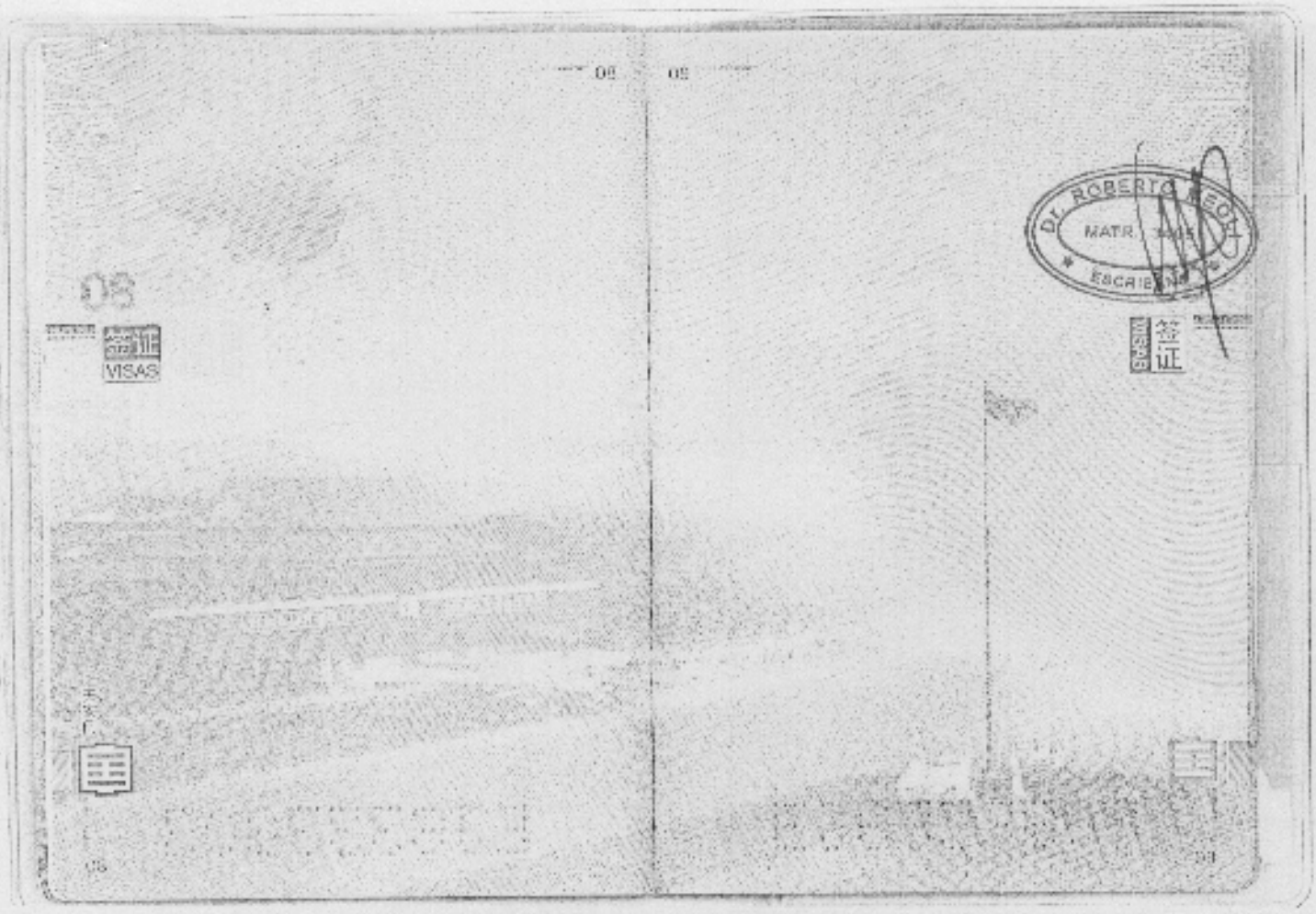
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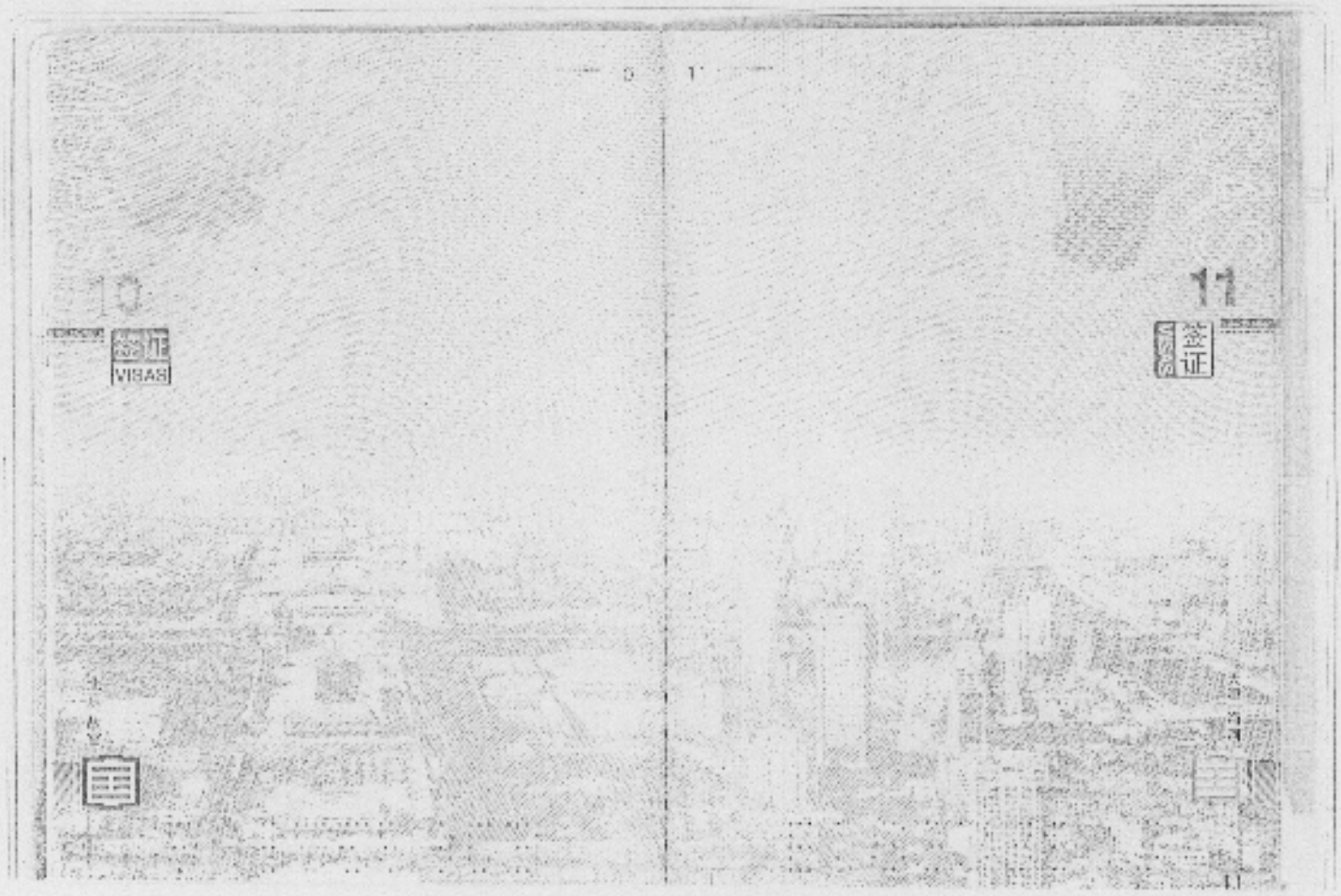
2022年09月27日于布宜诺斯艾利斯
27 SEP 2022 BUENOS AIRES

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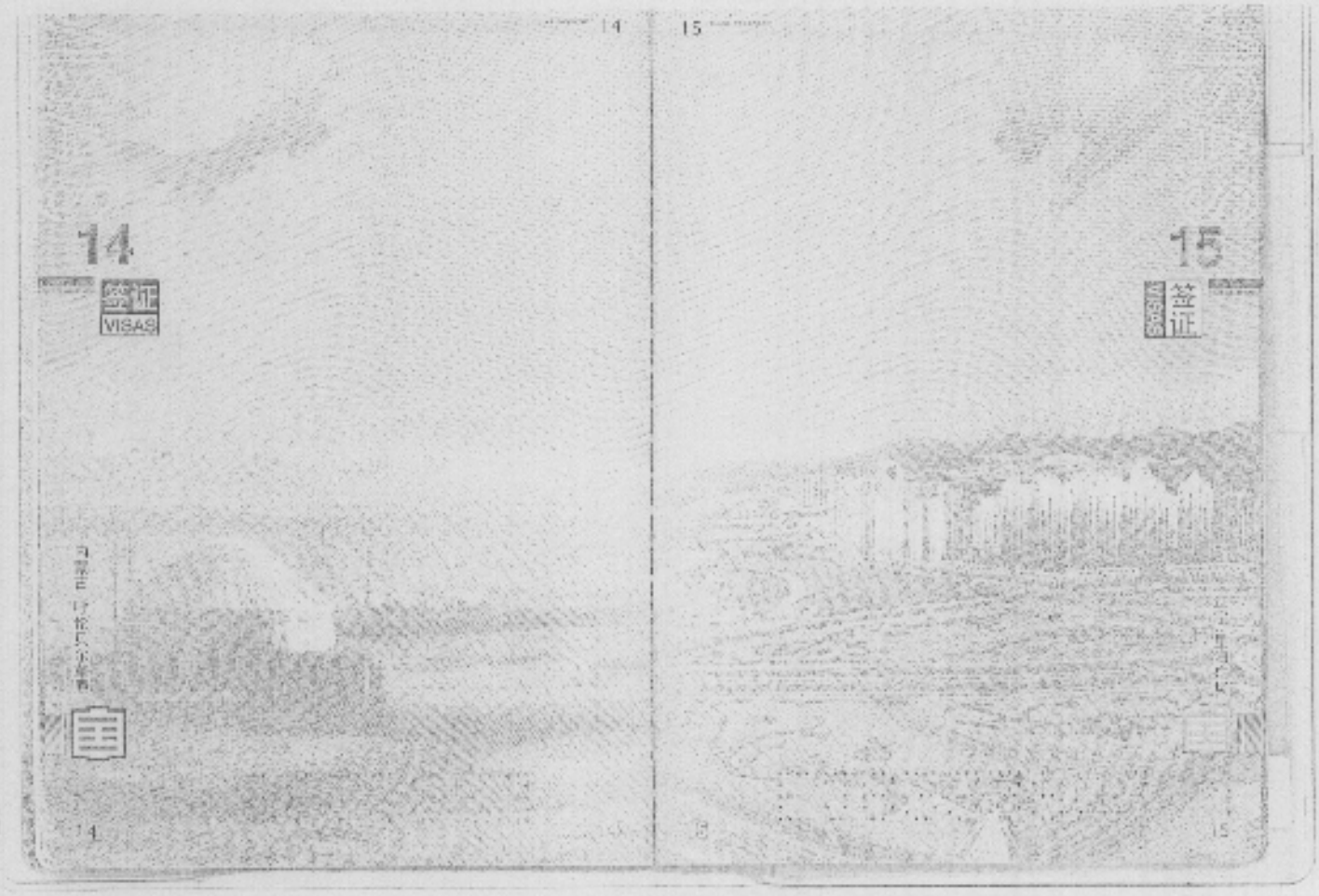
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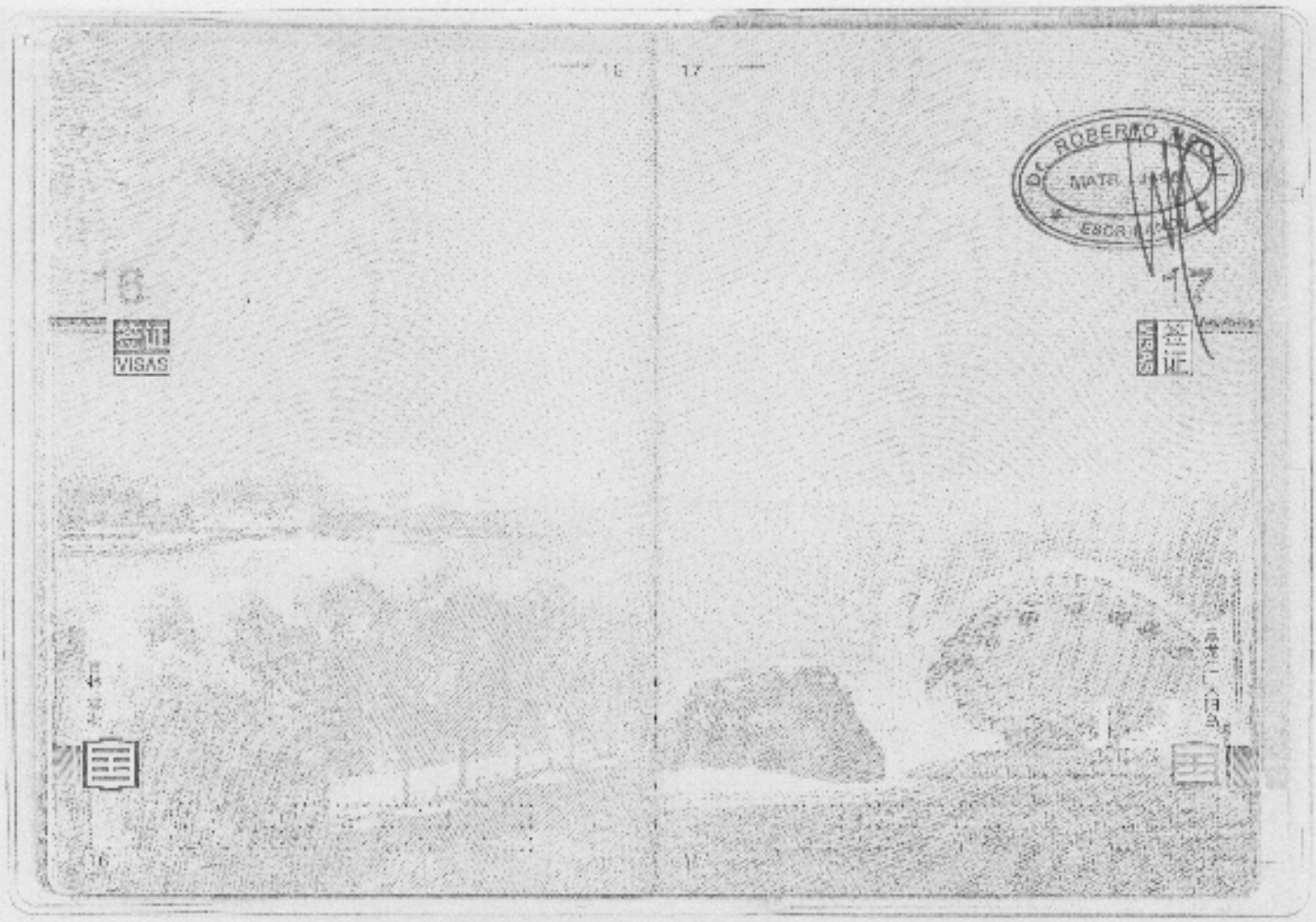
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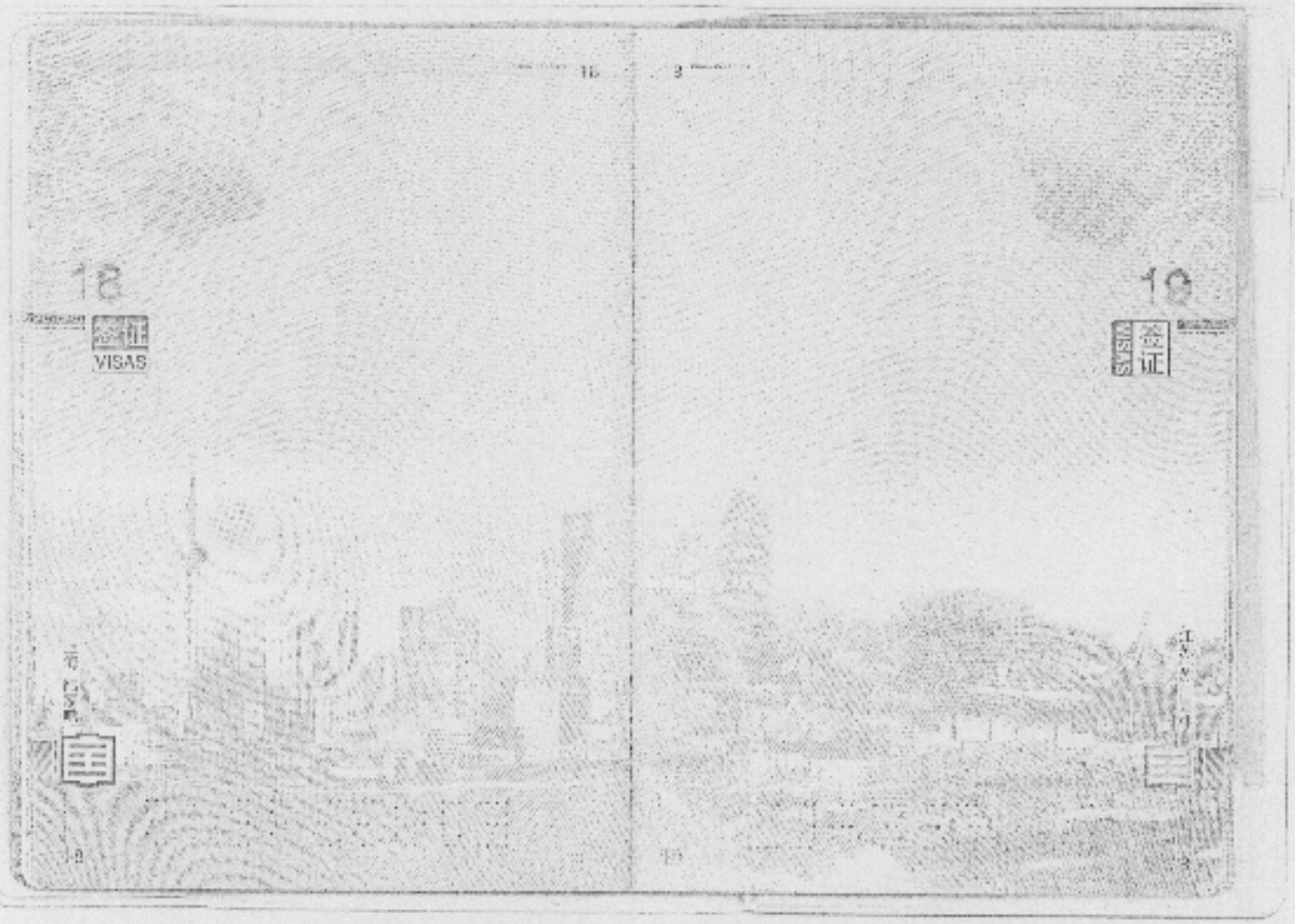

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DR. ROBERTO MEOLI
MATR.
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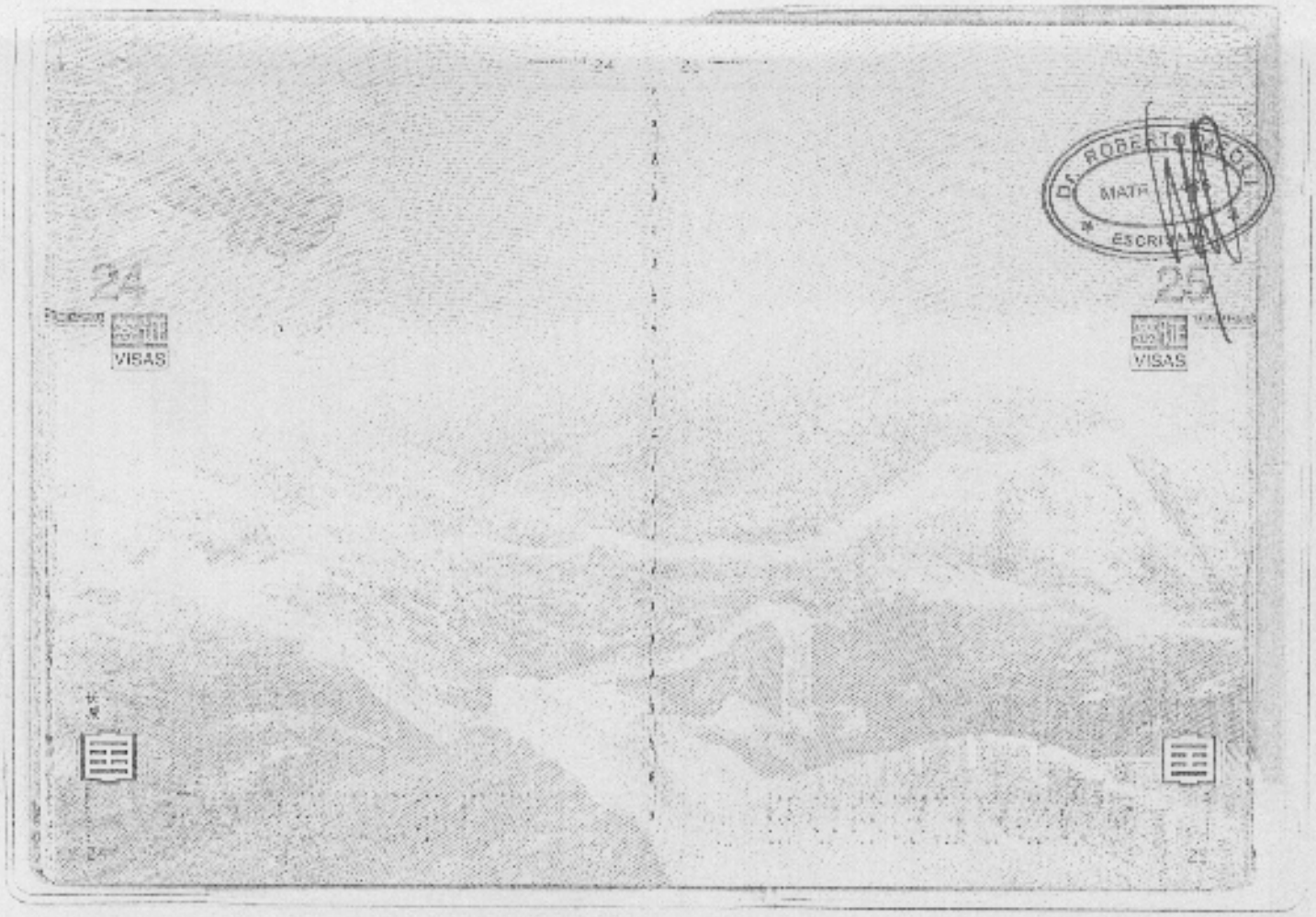

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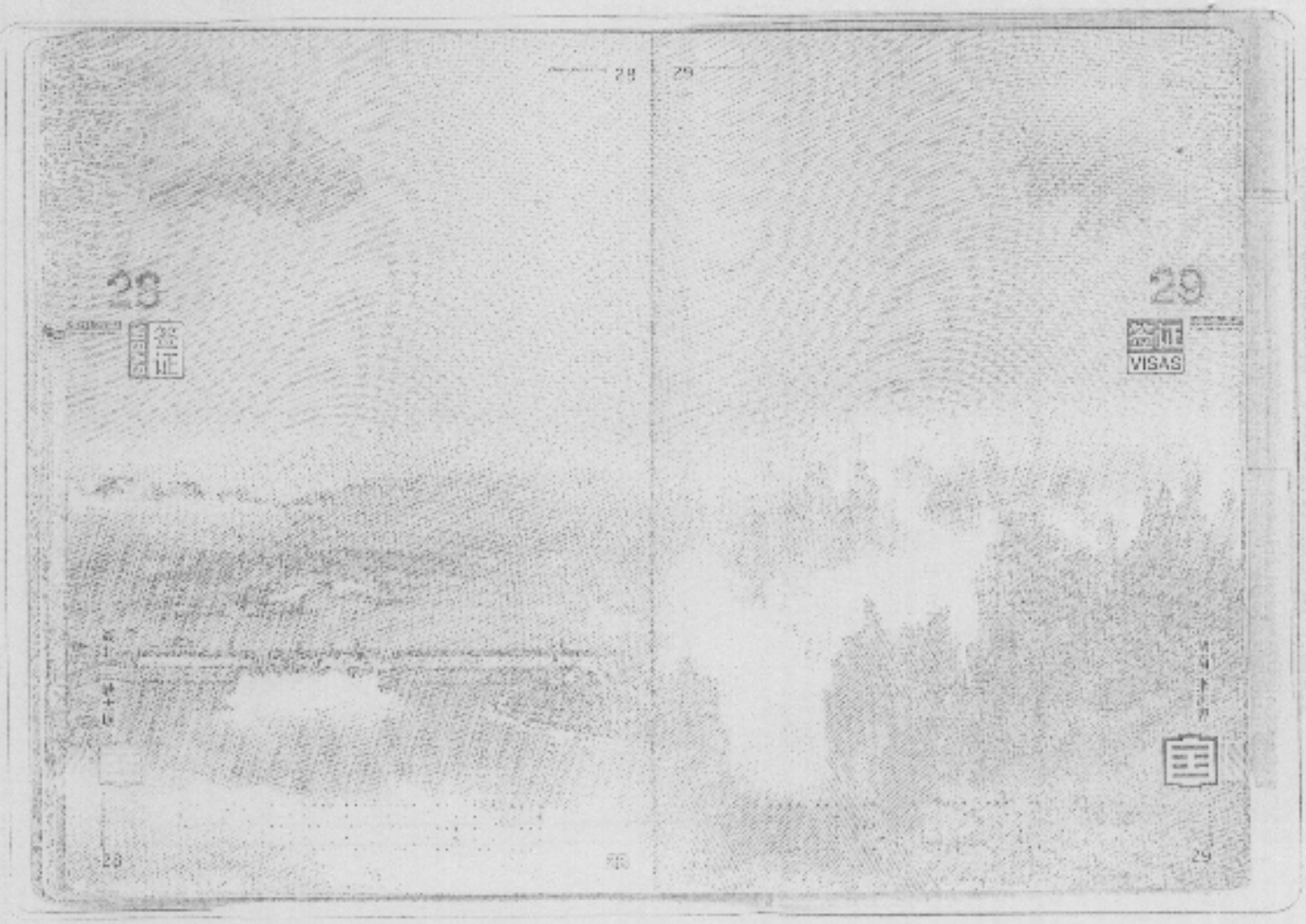

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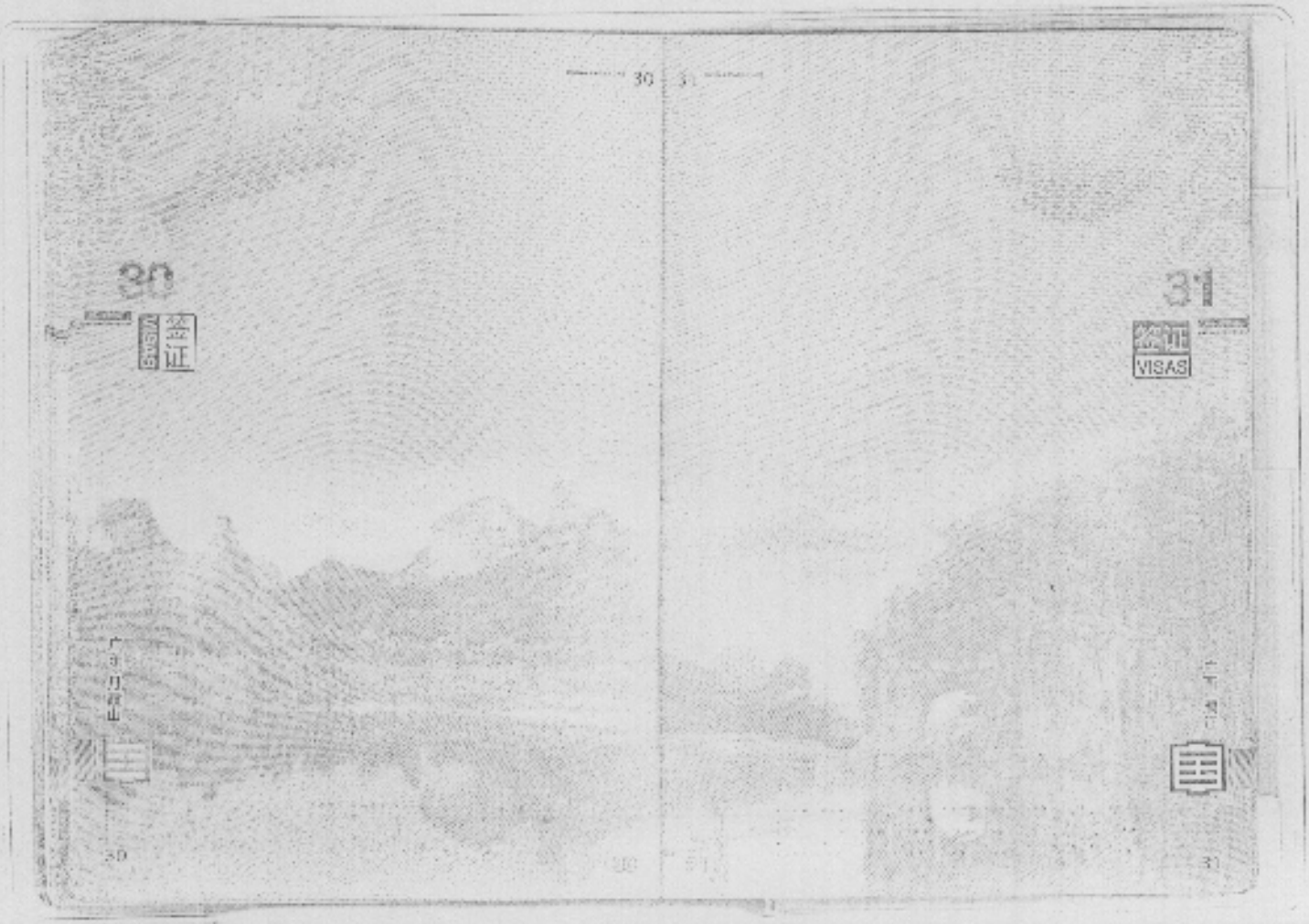

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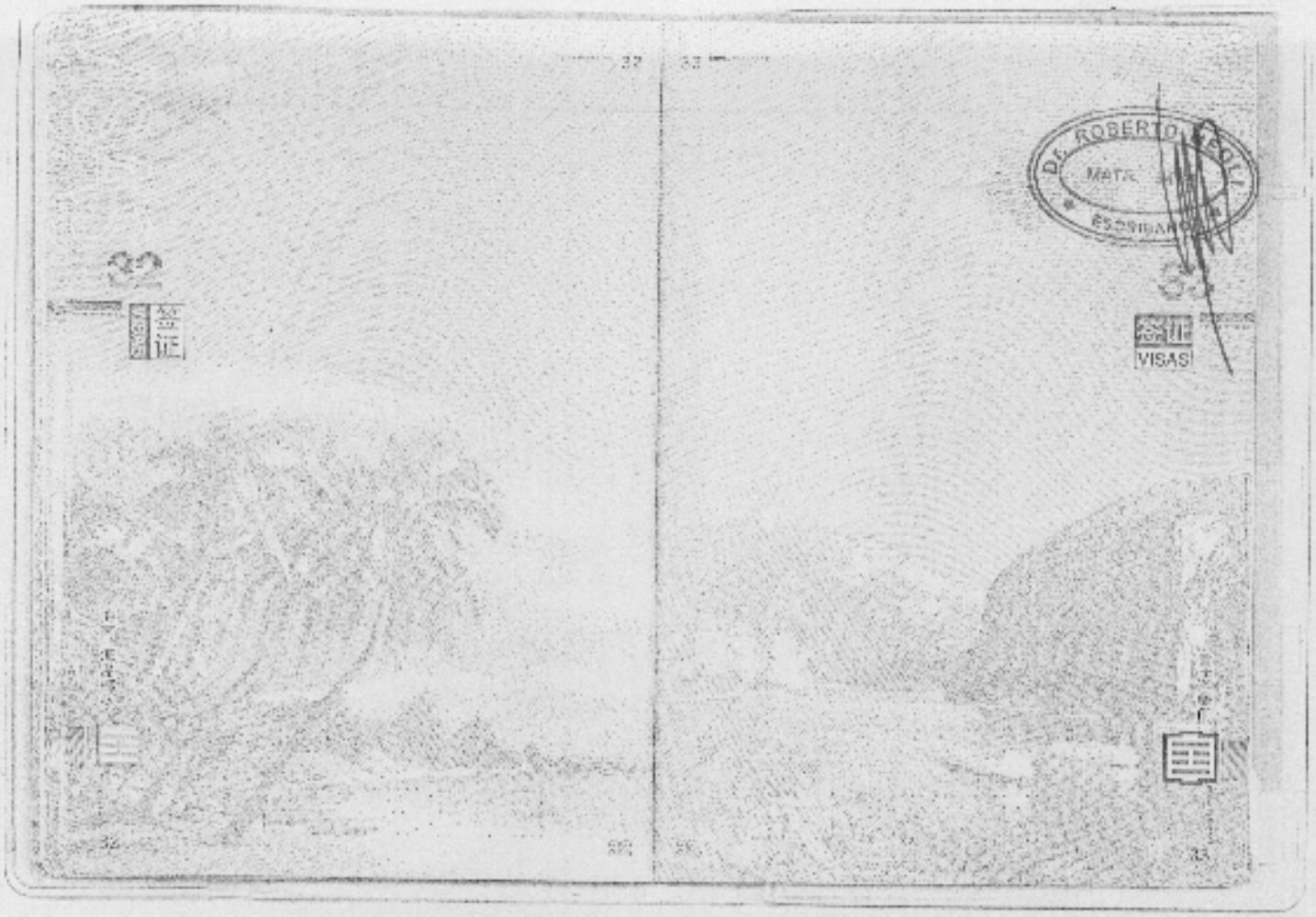

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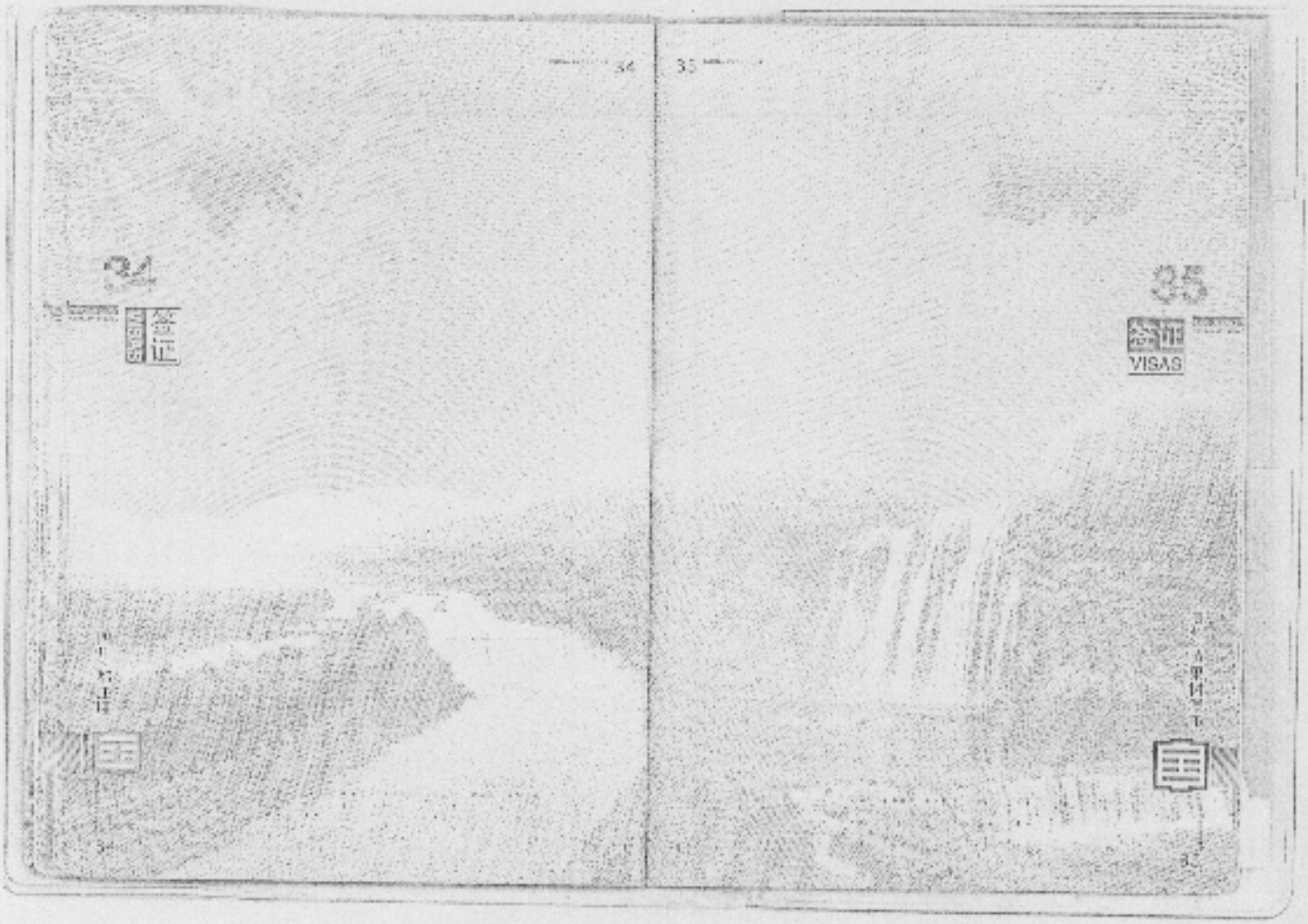

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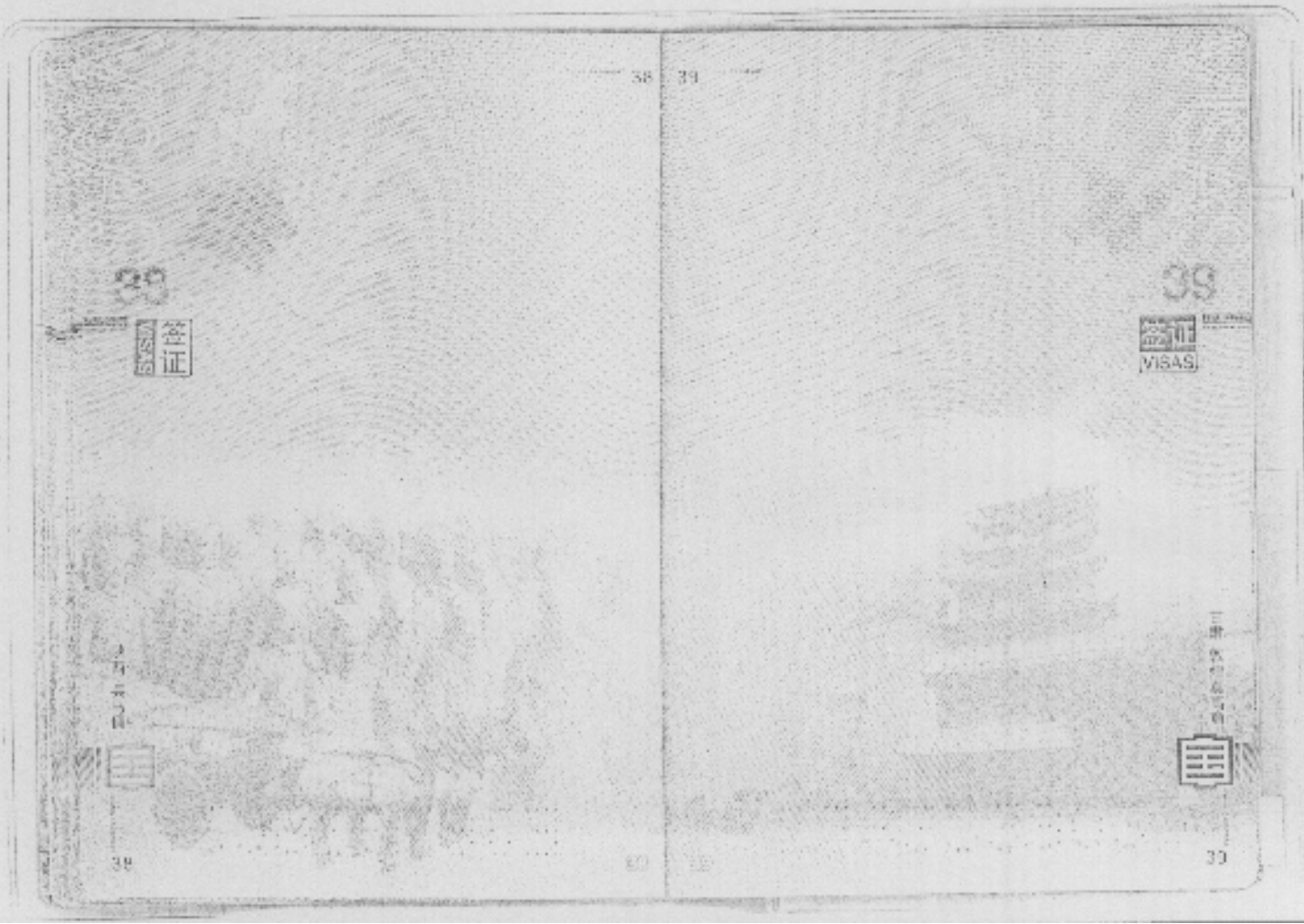

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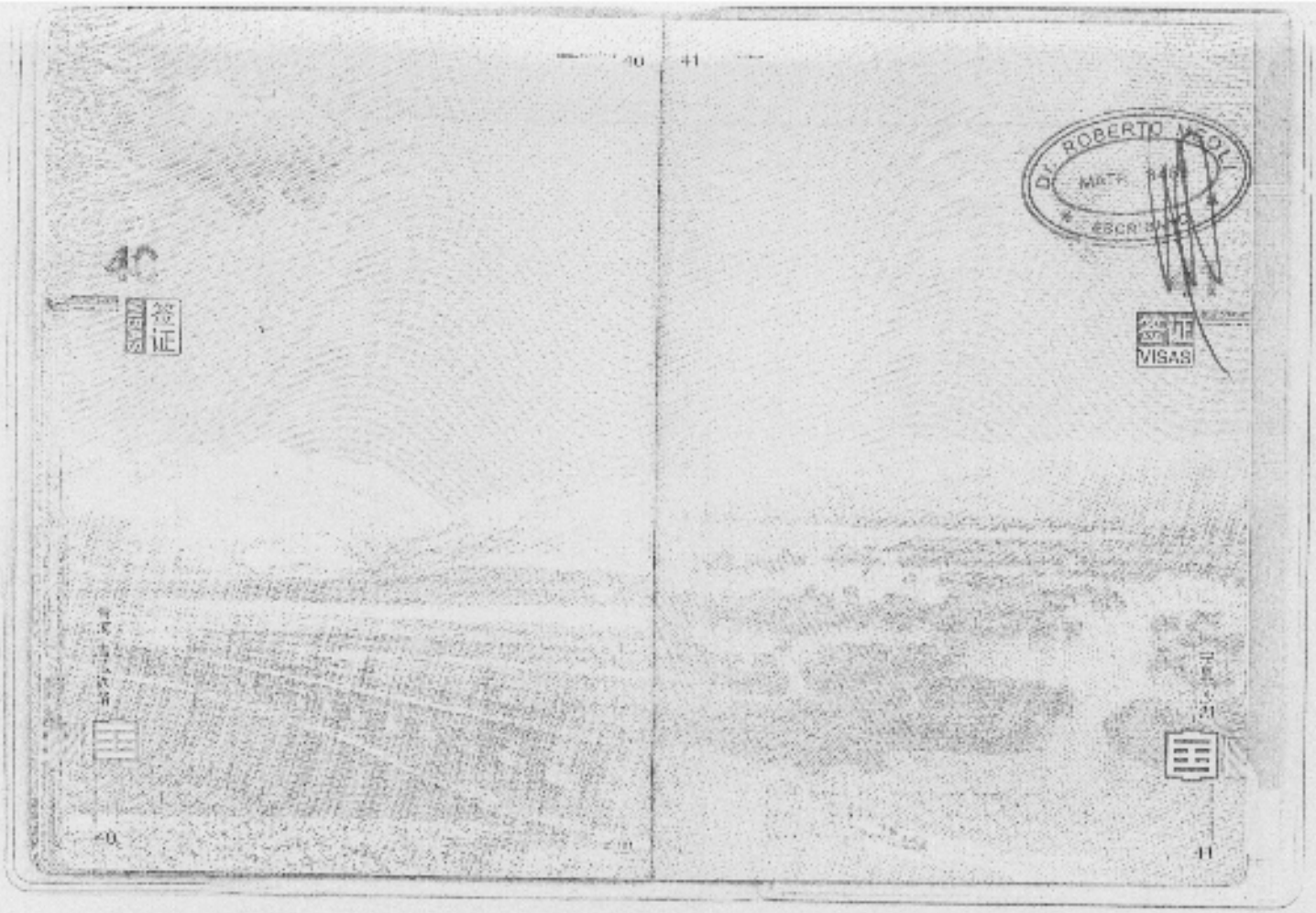

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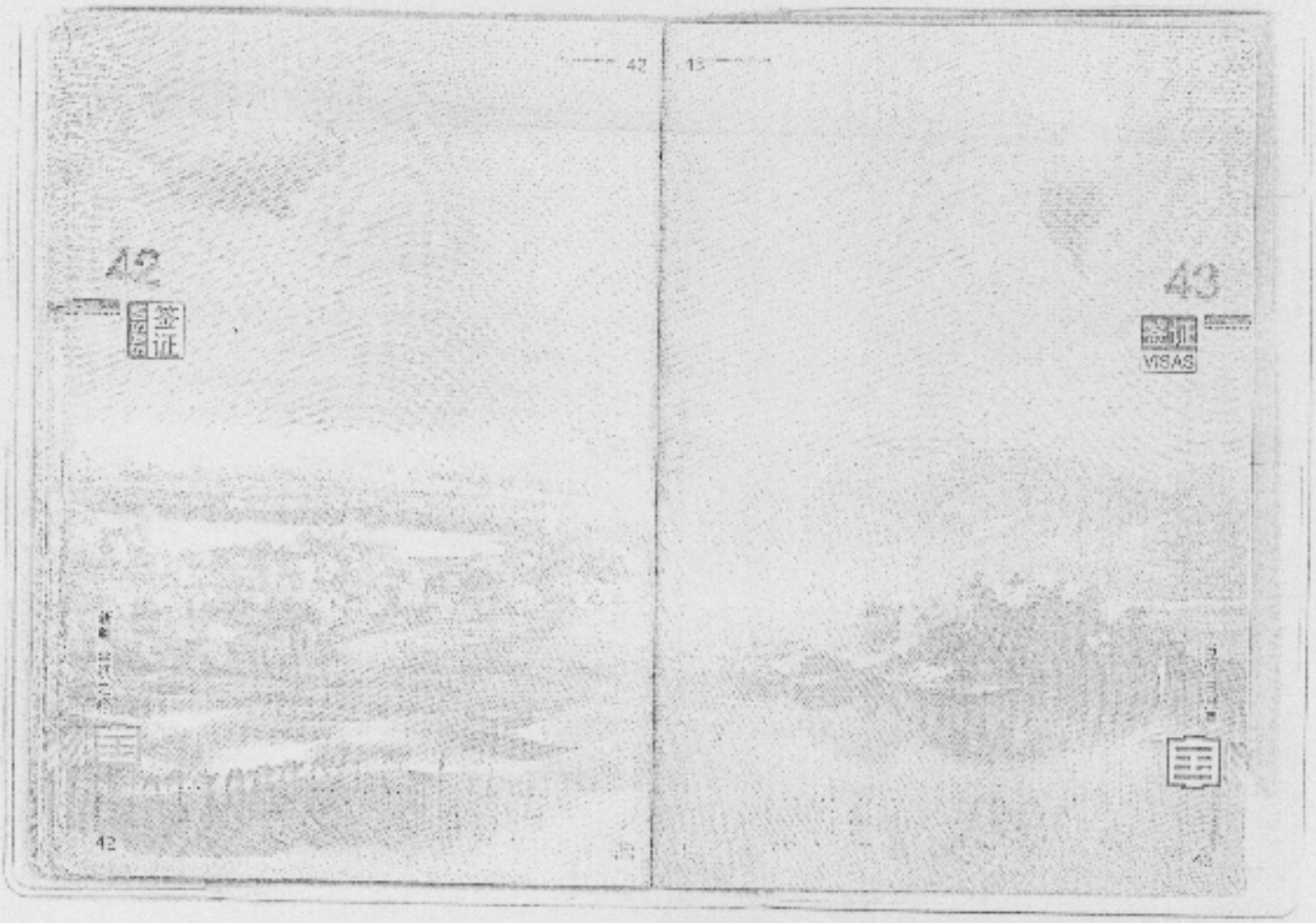

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应急资料
EMERGENCIES

为便于紧急情况下与您的亲友取得联系，请填写同伴亲友的具体资料：

Please insert below particulars of two persons who may be contacted in the event of accident.

姓名 / Name

姓名 / Name

地址 / Address

地址 / Address

电话 / Telephone

电话 / Telephone

持照人血型 / Bearer's blood type

注意事项

一、本护照为[illegible]，请持人妥善保管，防止丢失、损坏。不得涂改、转让、私自撤换、添加或损毁其内页。

二、[illegible]。非经申请机关报有关出入境边防检查机关查验签证，不得自行出境、[illegible]。

三、[illegible]。[illegible]在国外发生[illegible]，应及时向我驻外使领馆或外交部领事司报告。

四、[illegible]，应当向[illegible]。

本护照内置[illegible]，为保持最佳性能，[illegible]弯折、打孔或者暴露在极端温度或湿度环境中。

This passport contains sensitive electronics. For best performance, please do not bend, perforate or expose to extreme temperatures or excess moisture.

请勿在此盖印
DO NOT STAMP HERE



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NOTARIAL Nº 021679913

COLEGIO DE ESCRIBANOS
CIUDAD DE BUENOS AIRES
CAPITAL FEDERAL - REPUBLICA ARGENTINA

CERTIFICACION DE REPRODUCCIONES
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Buenos Aires, 16 de Mayo de 2023

En mi carácter de escribano *Roberto MEOLI, Titular del Registro 218*

CERTIFICO que la reproducción anexa, extendida en 7 –

foja/s, que sello y firmo, es COPIA FIEL de su original, que tengo a la vista, doy fe.

Dr. ROBERTO MEOLI
MATR. 3465
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