



## VISA APPLICATION FORM

VISA APPLICATION FOR OTHER NATIONALS (SIX MONTHS  ONE YEAR )

THREE YEARS VISA FOR AMERICAN PASSPORTS ONLY

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

HOME ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS (Required) \_\_\_\_\_

Date of Birth [DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_] [MONTH IN WORDS: \_\_\_\_\_] [YEAR: \_\_\_\_\_]

Place of Birth: TOWN \_\_\_\_\_ COUNTRY \_\_\_\_\_

### PARTICULARS OF PASSPORT

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Issue: \_\_\_\_\_ Passport Type: \_\_\_\_\_

Nationality: \_\_\_\_\_

PURPOSE OF VISIT: \_\_\_\_\_

PROPOSED DATE OF ARRIVAL: \_\_\_\_/\_\_\_\_/\_\_\_\_ DURATION OF STAY: \_\_\_\_\_

NAME OF REFERREE IN SIERRA LEONE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PROPOSED ADDRESS: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIREMENTS:

1. One Passport Size Photo
2. Copy of Birth Certificate for Minors (0 -16years)
3. Sign and Notarize Application form for Minors (0 – 16 years)
4. Fee of \$160.00 (Additional \$50.00 for expedited process) MONEY ORDER ONLY
5. Prepaid Self-addressed Envelope (Priority/Next Day Delivery)

### FOR OFFICIAL USE ONLY

Approving Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee: \_\_\_\_\_ VISA No. \_\_\_\_\_ General Receipt No. \_\_\_\_\_