

For Official Use Only:

# APPLICATION FOR A VISA

Form 1

File Number:  
 \_\_\_\_\_



**REPUBLIC OF BOTSWANA**  
**IMMIGRATION ACT**  
 (Cap. 25:02)  
 (Regulation 6(1))



Photo  
3cm x 4cm

1. Name (in full):  
Surname:

Please use block letters and black ink only

\_\_\_\_\_

First Name:

\_\_\_\_\_

Middle Name:

\_\_\_\_\_

Previous/Maiden Surname:

\_\_\_\_\_

2. Age:

\_\_\_\_\_  
Y Y Y

Date of Birth:

\_\_\_\_\_  
D D M M Y Y Y Y

Country of Birth:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_

Sex: Male  Female  Marital Status: Single  Married  Divorced  Separated  Widowed

3. Nationality (state name of country):

\_\_\_\_\_

4. (a) Type of Visa required

Ordinary  Continuous  Transit

4. (b) Number of Entries

Single  Multiple

5. Address in Botswana:

Town/Village:  
\_\_\_\_\_

Street/Ward:  
\_\_\_\_\_

Plot/House No:  
\_\_\_\_\_

6. Address in Country of Domicile:

Country:  
\_\_\_\_\_

Town/Village:  
\_\_\_\_\_

Street/Ward:  
\_\_\_\_\_

Plot/House No:  
\_\_\_\_\_

7. Occupation:

\_\_\_\_\_

Qualifications:

\_\_\_\_\_

8. Proposed Length of Stay on whether traveling in transit without break of journey: \_\_\_\_\_ days.

9. Reasons in full for wishing to travel to the Republic of Botswana

(Satisfactory evidence will be required as to the object of the proposed journey. Employees of firms or persons acting on behalf of firms must produce certificates from their employers as to the nature and physical address of the business on which they are proceeding abroad. Bankers reference may be required):

\_\_\_\_\_

10. Requested Validity Period of Visa From: 

D	D	M	M	Y	Y	Y	Y

 To: 

D	D	M	M	Y	Y	Y	Y

11. References in Country of Destination (with Names, Physical Address, Telephone No, Residence Permit No, ID No):

(1)	(2)
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12. Please indicate what money or cash (amount) will be at your disposal during your visit:  
 USD 

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 EUR 

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 ZAR 

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 Other: ..... 

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13. Particulars of Passport or other travel documents which should be submitted with this Application.

Number: 

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 Place of Issue: 

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Date of Issue: 

D	D	M	M	Y	Y	Y	Y

 Date of Expiry: 

D	D	M	M	Y	Y	Y	Y

 Valid Until: 

D	D	M	M	Y	Y	Y	Y

Return Visa to: \_\_\_\_\_

14. Preferred method of communication:

E-mail 

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SMS  Cell phone Number: 

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 Telephone Number: 

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Post  Present Postal Address: \_\_\_\_\_  
 Country: 

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 Town/Village: 

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 P.O. Box/P. Bag : 

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 Post Office Location: 

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I DECLARE that the above particulars given by me are true in substance and in fact.

Date: 

D	D	M	M	Y	Y	Y	Y

Signature of Applicant:

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AT LEAST FOURTEEN DAY' S NOTICE should be given for each application.

NOTE: Any visa granted on this application will be subject to compliance with the Immigration Regulations of the Republic of Botswana.