REPUBLIC OF SIERRA LEONE

VISA APPLICATION FORM

SIERRA LEONE: EMBASSY; HIGH COMMISSION; CONSULATE; IN _____

1 PASSPORT PHOTOGRAPH SHOULD BE ATTACHED

SURNAME: MR./MRS./MS. _____

CHRISTIAN OR OTHER NAMES: _____

SEX: _____ MARRIED/SINGLE/DIVORCED: _____

PRESENT ADDRESS: _____

NATIONALITY:_____ PLACE OF BIRTH: _____ DATE OF BIRTH: _____

TELEPHONE NO: _____ OCCUPATION: _____

NAME & ADDRESS OF EMPLOYER: _____

PASSPORT NO.: _____ DATE OF ISSUE: _____

PLACE OF ISSUE: _____ DATE OF EXPIRY: _____

SOCIAL SECURITY NO. (IF APPLICABLE): _____

PURPOSE OF VISIT: _____

PROPOSED DATE OF ARRIVAL IN SIERRA LEONE: _____

APPROXIMATE DURATION OF STAY: _____

NAME OF REFERENCE IN SIERRA LEONE: _____

PROPOSED ADDRESS IN SIERRA LEONE: _____

DATE OF THE FOLLOWING VACCINATIONS: _____

SMALL POX:_____ YELLOW FEVER: _____
CHOLERA: _____ MALARIA: _____

BANK REFERENCE (OR IF NON, PROOF OF SUFFICIENT MEANS OF MAINTENANCE):

_____

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICIAL USE

REFERENCE NUMBER OF APPROVAL FROM IMMIGRATION HEADQUARTERS, FREETOWN
(If Necessary): _____ Work Permit No. (If Necessary): _____

VISA No./Entry Permit No.: _____

Valid Until: _____ Date of Issue: _____

Fee Paid (If Any): _____ _____
CONSULAR OFFICER