



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. _____