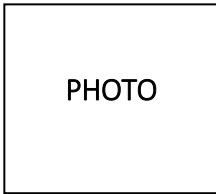




**CONSULAR SECTION
APPLICATION FORM FOR VISA/ENTRY PERMIT**



(THIS FORM MUST BE COMPLETED AND SIGNED BY APPLICANTS)

| | | | | | |
|--|--|--|---|-------------------------------------|--|
| 1. Surname | | First | | Middle | |
| 2. Date of birth (day-month-year) | | 3. Place and Country of birth | | 4. Current nationality | |
| | | | | Nationality at birth, if different: | |
| 5. Sex | | 6. Marital status | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (please specify) | | | |
| 7. Applicant's Present Address | | | 8. Tel (Mobile) | | |
| 9. Current Occupation | | 10. Name and Address of Employer, if any | | | |
| 11. Type of travel document | | | | | |
| <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Other travel document (please specify) | | | | | |
| 12. Passport/Document Number | | 13. Date of Issue | 14. Valid Until | 15. Issued by | |
| 16. Main purpose(s) of the journey: | | | | | |
| <input type="checkbox"/> Tourism <input type="checkbox"/> Humanitarian <input type="checkbox"/> Official visit <input type="checkbox"/> Study <input type="checkbox"/> Business <input type="checkbox"/> Transit <input type="checkbox"/> Other (please specify) | | | | | |
| 17. Proposed Date of Arrival in Sierra Leone | | 18. Duration of the intended stay (Indicate number of days) | | | |
| 19. Number of entries requested | | | 20. Date of Last Visit to Sierra Leone, if applicable | | |
| <input type="checkbox"/> Single entry <input type="checkbox"/> Multiple entries | | | | | |
| 21. Name of Inviting Person/Company in Sierra Leone. If not applicable, name of hotel or temporary accommodation in Sierra Leone | | | | | |
| 22. Address of inviting person/hotel/temporary accommodation | | | 23. Emergency Contact (Mobile) | | |
| 24. Cost of travelling and living during the applicant's stay is covered: | | | | | |
| <input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Other (please specify) | | | <input type="checkbox"/> by a sponsor (host, company, organisation), please specify Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Other (please specify) | | |

I, the undersigned do hereby declare that the information given above are true and correct to the best of my knowledge. Legal action (s) should be taken against me for any inconsistencies.

Applicant Signature

Date

| FOR OFFICIAL USE ONLY | |
|---|-------------------------|
| Approving Officer: _____ | Signature & Date: _____ |
| Visa No.: <i>SLEB</i> _____ | Visa Validity: _____ |
| Payment made by: <input type="checkbox"/> Cash <input type="checkbox"/> Credit card <input type="checkbox"/> Gratis | |