



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 #: _____

HOME ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP _____

EMAIL ADDRESS (Required) _____

Date of Birth: ____/____/____ OCCUPATION: _____

(Date)

(Month in Words) (Year)

(Required)

Place of Birth: TOWN _____ COUNTRY _____

PARTICULARS OF PASSPORT:

Passport Number: _____ Date of Issue: ____/____/____ Date of Expiry: ____/____/____

Country of Issue: _____ Passport Type: _____

Nationality: _____

PURPOSE OF VISIT: _____

PROPOSED DATE OF ARRIVAL: ____/____/____ DURATION OF STAY: _____

NAME OF REFERREE IN SIERRA LEONE: _____ AND PHONE No. _____

PROPOSED ADDRESS: _____

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Approving Officer: _____ Signature: _____ Date: ____/____/____

Fee: _____ VISA No. _____ General Receipt No. _____