

REPUBLIC OF SIERRA LEONE
VISA APPLICATION FORM

EMBASSY
SIERRA LEONE HIGH COMMISSION
CONSULATE

TO BE COMPLETED IN DUPLICATE
2 PASSAPORT-SIZE PHOTOGRAPHS SHOULD BE ATTACHED

Surname: Mr./Mrs./Miss _____
Christian or Other Names _____
Sex _____ Married/Single/Divorced _____
Present Address _____ (Telephone No.) _____
Home Address _____
Place of birth _____ Date of birth _____
Nationality _____
Occupation _____
Name and address of Employer _____
Passport No. _____ Date of Issue _____
Place of issue of Passport _____ Date of expiry of Passport _____
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 _____
No. and date of the following vaccination certificate: —
Smallpox _____ Yellow Fever _____
Cholera _____
Bank reference (or if none, 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 up to: _____
Fee Paid (if any) _____ General Receipt No. and date of issue _____

Signature and title of Issuing Officer:
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