

Tel: (202) 939-9261/9262  
Fax: (202) 483-1793



**EMBASSY OF SIERRA LEONE**  
1701 Nineteenth Street, N.W.  
Washington, D.C. 20009

**EMBASSY OF THE REPUBLIC OF SIERRA LEONE**

**VISA APPLICATION FORM**

**VISA APPLICATION FOR SIX MONTHS ( ) OR ONE YEAR ( )**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NATIONALITY AT BIRTH \_\_\_\_\_ CURRENT NATIONALITY \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

PASSPORT TYPE: \_\_\_\_\_ PASSPORT NO \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ PURPOSE OF VISIT \_\_\_\_\_

PROPOSED DATE OF ARRIVAL \_\_\_\_\_ DURATION OF STAY \_\_\_\_\_

NAME AND PHONE NUMBER OF REFEREE IN SIERRA LEONE \_\_\_\_\_

PROPOSED ADDRESS IN SIERRA LEONE \_\_\_\_\_

VACCINATION CERTIFICATE DATE AND NUMBER FOR YELLOW FEVER \_\_\_\_\_

BANK REFERENCE (IF NONE, PROOF OF SUFFICIENT MEANS OF MAINTENANCE) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**FOR OFFICIAL USE**

APPROVING OFFICER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FEE \_\_\_\_\_ VISA NO. \_\_\_\_\_ GENERAL RECEIPT NO. \_\_\_\_\_

*Revised 05/07/08*