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EMBASSY OF RWANDA  
1714 New Hampshire Ave., NW  
Washington D.C. 2009  
Tel:202-232-2882/3/4  
Fax: 202-232-4554

**Visa Application Form**

- 1. Visa applied for: Transit  Business:  Tourism:  Other:
- 2. Date of entrance: ..... No. of entries: ..... Length of stay: .....
- 3. Surname:..... Forenames:.....
- 4. Date and place of birth: .....
- 5. Nationality at birth: .....
- 6. Marital status: Single:  Married:  Divorced:
- 7. Name of spouse:..... Nationality: .....
- 8. Date and place of birth of spouse: .....
- 9. Applicant permanent address: .....
- 10. Occupation: .....
- 11. Employer and address: .....
- 12. Telephone: Office: ..... Home: ..... E-mail: .....
- 13. Passport number: .....
- 14. Name of the institution that issued the passport: .....
- 15. Date of issue: ..... Date of expiry: .....
- 16. Mother's maiden name: .....
- 17. Date of your last visit to Rwanda: .....
- 18. Reason for your present journey: .....
- 19. Address, telephone/fax contact during your stay in Rwanda: .....

20. Names of children accompanying	D.O.B	Gender
.....	.....	.....
.....	.....	.....

I hereby confirm that all information provided is correct to the best of my knowledge.

Signature:..... Date:.....

Please do not write below this line (Official use only)

Visa no: ..... Valid from: ..... To: ..... No. of entries: .....  
Date of issue: ..... Receipt no: ..... Signature: .....