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

EMBASSY OF THE REPUBLIC OF SIERRA LEONE

VISA APPLICATION FORM

Sierra Leone Embassy () High Commission () in Washington D.C.

VISA APPLICATION FOR SINGLE _____ MULTIPLE _____

SURNAME MR./MRS./MISS _____

CHRISTIAN NAME AND OTHER NAME _____

SEX _____ MARITAL STATUS _____ TELEPHONE NO _____

HOME ADDRESS _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

NATIONALITY _____ OCCUPATION _____

EMPLOYER'S NAME AND ADDRESS _____

PASSPORT NO. _____ DATE OF ISSUE _____

PLACE OF ISSUE _____ EXPIRATION DATE _____

PURPOSE OF VISIT _____

EXPECTED DATE OF ARRIVAL _____ DURATION OF STAY _____

NAME OF REFEREE IN SIERRA LEONE _____

PROPOSED ADDRESS IN SIERRA LEONE _____

VACCINATION CERTIFICATE DATES AND NUMBER FOR CHOLERA _____

YELLOW FEVER _____

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

FOR OFFICIAL USE

REF. NO OF APPROVAL FROM IMMIGRATION HEADQUARTERS, FREETOWN, (IF NECESSARY) _____

WORK PERMIT (IF NECESSARY) _____ VISA ENTRY NUMBER _____

FEE _____ GENERAL RECEIPT NO./DATE OF ISSUE _____