

# **Democratic Republic of Congo**

866 UNITED NATIONS PLAZA, ROOM 511 - NEW YORK, N.Y. 10017 TEL.: 212-319.8061 - FAX: 212-319.8232 Website: http://www.un.int/drcongo

#### **VISA APPLICATION FORM**

(To be filled out in English)

1. Applicant's Name (First, Middle, Last) :		
2. Occupation: 3. Place	of birth:	4.Date of birth:
5. Nationality:		
6. Current Address:		
Home Phone: Work Phon	e: M	obile Phone:
7. Passport Number :	8. Date of Issuance:	
9. Issuing Authority:	10. Place of Issuance :	
11.Date of Expiration :	Two passport photos: Yes	No
12. Number of entries: 13. Duration of Stay in Congo:Address:		
14. Reason(s) for entry(ies):		
15.Date of entry in the Congo: 16. Port of entry (City/Province)		
17. Father's Name (First and Last):	Nationality:_	
18. Mother's Name (First and Last):	Nationality:	
19. Have you ever entered the Congo? Yes No	20. Number of entries:	_ 21. Dates:
Port of entry: Major reason(s) for these(s) entry(ies)		
22. Reference in Congo: ( Names, address):		<del>-</del>
23. Applicant's signature:	24. Application date: Nev	v York,
PLEASE DO NOT WRITE IN SPACE BELOW		
25. Application Number: 26. Visa :	Granted Denie	d 27.Type of visa granted:
28.Date of expiration:29.Number of entries:	30.Duration of stay in Congo:	Visa Fee in US dollars:\$

## Visa requirements

Starting January 5, 1998, all applicants are respectfully requested to abide by the following regulations when applying for a visa for the Democratic Republic of the Congo.

- Valid passport
- Two applications forms properly filled out; date and signed by the applicant.
- Two recent identical passport photos
- International certificates of vaccination showing proof of immunity against yellow fever (valid within six months).
- A round trip airline ticket or letter from a travel agency showing the itinerary to and from the Republic Democratic of Congo.
- In case of tourists, a proof of sufficient fund (bank Statement) for the length of stay is requested.
- In case of a business trip, the applicant may present letter (two copies) from the firm or company stating the purpose of the trip and assuring the financial support to the applicant.
- Mailed application should be sent in along with a self-addressed enveloped and sufficient US postage.
- The consulate reserves the right to grant or not to issue a visa in accordance with the instructions received.
- Those who do not have a US passport are required to contact the visa department for further information; two copies of green card for a US resident are required.
- For minors (age below 18), original of parents' authorization is required.
- Please allow 48 hours for processing the application.
- Office hours for visa department are Monday to Friday, 10:00 AM to noon.

## **FEE**

- 75 US \$: One month with one entry
- 90 US \$: One month with multiple entries
- 220 US \$: Two months or more with one or multiple entries
- 20 US \$: For legalization
- 20 US \$: For birth certificate.
- All payment should be made with money order to "Mission of D.R. Congo"
- Sorry, no cash or personal check accepted

## PROOF OF IMMUNIZATION

- Required: Typhoid, meningitis, yellow fever, hepatitis A, hepatitis B.
- Optional: Diphtheria, Tetanus, Polio
- Own preventive measure: Malaria.
- For further Information
- State Department: (202) 647-5225
- Center for Disease Control: (404) 332-4559