SIERRA LEONE HIGH COMMISSION

ACCRA, GHANA

VISA APPLICATION FORM

1. FIRST NAME: .....
2. SURNAME: .....
3. MARITAL STATUS: .....
4. NATIONALITY: ..... COUNTRY OF ORIGIN: .....
5. DATE OF BIRTH: ..... PLACE OF BIRTH: .....
6. TYPE OF PASSPORT: ☐ DIPLOMATIC ☐ SERVICE ☐ ORDINARY ☐ OTHERS: PLEASE SPECIFY
7. PASSPORT NUMBER: ..... DATE ISSUED: ..... PLACE ISSUED: .....
8. PASSPORT EXPIRES ON: .....
9. COUNTRY OF PERMANENT RESIDENCE: .....
10. ADDRESS IN COUNTRY OF PERMANENT RESIDENCE: .....
    .....
11. OCCUPATION: .....
12. EMPLOYEE ADDRESS: .....
13. ADDRESS IN GHANA: .....
    .....
14. CATEGORY OF VISA REQUIRED: BUSINESS ☐ TOURIST ☐ OFFICIAL ☐ STUDENT ☐
15. NUMBER OF ENTRIES: SINGLE ENTRY ☐ MULTIPLE ENTRY ☐
16. PURPOSE OF TRIP TO SIERRA LEONE: .....
17. EXPECTED DATE OF DEPARTURE: .....
18. EXPECTED DATE OF ARRIVAL: .....
19. DURATION OF STAYING IN SIERRA LEONE: .....
20. HAVE YOU EVER VISITED SIERRA LEONE BEFORE: YES ☐ NO ☐
21. DATE OF LAST VISIT AND DURATION (IF ANY): .....
22. DATE, ADDRESS AND TELEPHONE NO. OF HOST IN SIERRA LEONE: .....
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....
DATE NAMES AND SIGNATURE OF APPLICANT

N.B VISA FEES PAID ARE NON-REFUNDABLE

FOR OFFICIAL USE

APPROVED REJECTED DEFERRED

VISA NUMBER -
VISA FEE RECEIPT NUMBER -
DATE OF ISSUED -
DURATION -
APPROVED BY -

.....
NAME & SIGNATURE OF ISSUING OFFICER