



**EMBASSY OF THE REPUBLIC OF SIERRA LEONE**

**VISA APPLICATION FORM**

Surname: Mr./Mrs./Miss: \_\_\_\_\_

Christian and Other Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Civil Status: \_\_\_\_\_

Present Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

Intended date of Arrival in Sierra Leone: \_\_\_\_\_ Duration of Stay: \_\_\_\_\_

Contact address or contact person in Sierra Leone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant

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**FOR OFFICIAL USE**

Reference No. of Approval from Freetown (if necessary) \_\_\_\_\_

Working Permit No. (if required) \_\_\_\_\_ Visa Entry Permit No. \_\_\_\_\_

Valid up to \_\_\_\_\_ Fee Paid (if any) \_\_\_\_\_

General Receipt No./Date of Issue \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ISSUING OFFICER

Please attach certificate of vaccination for Cholera and Yellow fever, also photocopies of proof of availability of sufficient funds for intended duration of stay in Sierra Leone. Beware: Perjury is a crime. Any deliberate misrepresentation or false declaration will be dealt with to the full extent of applicable laws.