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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**

VISA APPLICATION FOR **SINGLE** ( ) **MULTIPLE** ( )

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

PASSPORT TYPE: \_\_\_\_\_ PASSPORT NO \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ PURPOSE OF VISIT \_\_\_\_\_

PROPOSED DATE OF ARRIVAL \_\_\_\_\_ DURATION OF STAY \_\_\_\_\_

NAME AND PHONE NUMBER OF REFEREE IN SIERRA LEONE \_\_\_\_\_  
\_\_\_\_\_

PROPOSED ADDRESS IN SIERRA LEONE \_\_\_\_\_

VACCINATION CERTIFICATE DATE AND NUMBER FOR YELLOW FEVER \_\_\_\_\_

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

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

*Revised 03/17/06*