



**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 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.