

VISA APPLICATION FORM

Sierra Leones Generalkonsulat 2024



Post address: Box 23

233 21 Svedala, Sweden

TEL.: +46 (0) 70 540 2628

ATTACH
PHOTO HERE

FAMILY NAME:

OTHER NAMES:

SEX: MALE FEMALE

MARITAL STATUS: MARRIED SINGLE DIVORCED

PRESENT ADDRESS:

TEL NO.:

DATE OF BIRTH: PLACE OF birth:

NATIONALITY: OCCUPATION:

NAME AND ADDRESS OF EMPLOYER:

PASSPORT NUMBER: DATE OF ISSUE:

PLACE OF ISSUE: DATE OF EXPIRY:

PURPOSE OF VISIT:

PROPOSED DATE OF ARRIVAL IN SIERRA LEONE:

DURATION OF STAY:

I / WE APPLY FOR A:MONTHS VISA (3, 6 or 12 months visa)

NAME OF REFERENCE IN SIERRA LEONE:

PROPOSED ADDRESS IN SIERRA LEONE:

SIGNATURE OF APPLICANT: DATE:

NOTE:

1. One application form to be completed
2. One passport-size photograph should be attached
3. Tick all boxes

FOR OFFICIAL USE ONLY

REFERENCE NUMBER OR APPROVAL FROM IMMIGRATION HEADQUARTERS, FREETOWN WORK PERMIT NUMBER (IF NECESSARY):

VISA NUMBER/ENTRY PERMIT NO.: VALID UP TO:

FEE PAID: GENERAL RECEIPT NO.:

DATE: SIGNATURE: