

EMBASSY OF THE GAMBIA
 1424 K STREET, N.W., SUITE 600, WASHINGTON, D.C. 20005
 Tel: (202) 785-1399 * Fax: (202) 785-1430

APPLICATION FORM FOR VISA

| | | | | | | | | | | |
|--------------|--|---|--------------------|---------------|----------------|--|--|--|--|----------|
| 1. | Last Name or Surname: | <i>Office Use Only</i> | | | | | | | | |
| 2. | First Name: | <i>Receiving Officer</i> | | | | | | | | |
| 3. | Place and Date of Birth (mm/dd/yyyy): | Name: | | | | | | | | |
| 4. | Nationality at Birth: | Date: | | | | | | | | |
| 5. | Current Nationality: | <i>Mode of Receipt</i> | | | | | | | | |
| 6. | Profession/Occupation: | 1. Visa Service | | | | | | | | |
| 7. | Present Address and Phone No: | 2. Registered Mail | | | | | | | | |
| | | 3. Ordinary Mail | | | | | | | | |
| | | 4. In Person | | | | | | | | |
| 8. | Names and Nationalities of: A. Father: B. Mother: | <i>Handling Officer</i> Name: Action Taken: | | | | | | | | |
| 9. | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced | 1. Approved | | | | | | | | |
| 10. | Purpose of Visit: <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Tourism | 2. Refused | | | | | | | | |
| 11. | Duration of Visit: | 3. Rejected | | | | | | | | |
| 12. | Address in The Gambia: | Signature: | | | | | | | | |
| 13. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Passport No.</td> <td style="width: 25%;">Date of Expiration</td> <td style="width: 25%;">Date of Issue</td> <td style="width: 25%;">Place of Issue</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | Passport No. | Date of Expiration | Date of Issue | Place of Issue | | | | | Visa No. |
| Passport No. | Date of Expiration | Date of Issue | Place of Issue | | | | | | | |
| | | | | | | | | | | |
| 14. | Previous Visits to The Gambia: Date of Entry: _____ Date of Exit: _____ | Date Out | | | | | | | | |
| 15. | References in The Gambia (Name, Address & Telephone No.) A. _____ B. _____ | Visa Type/No. Multiple _____ Single _____ | | | | | | | | |
| 16. | Emergency Address and Phone No: | | | | | | | | | |
| 17. | Method of Financial Transaction in The Gambia <input type="checkbox"/> Credit Cards <input type="checkbox"/> Dollars <input type="checkbox"/> Dalasis | | | | | | | | | |
| 18. | Requesting Hotel and Other Information Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| 19. | I attest that all the information provided on this application is accurate to the best of my ability. I understand that I could be denied a visa to enter The Gambia if the information is found to be incorrect. | | | | | | | | | |
| | Signature: _____ Date: _____ Print Name: _____ | | | | | | | | | |