

EMBASSY OF THE REPUBLIC OF SIERRA LEONE

VISA APPLICATION FORM

Surname: Mr./Mrs./Miss:	
Christian and Other Name:	
Sex:	Civil Status:
Present Address:	
	Telephone:
Place of Birth:	Date of Birth:
Occupation:	Employer:
Passport No:	Place of Issue:
Date of Issue:	Expiration Date:
Issuing Authority:	
Intended date of Arrival in Sierra Le	one: Duration of Stay:
Contact address or contact person in	n Sierra Leone:
Date:	
	Signature of Applicant
	FOR OFFICIAL USE
Referenced No. of Approval from Fre	eetown (if necessary)
Working Permit No. (if required)	Visa Entry Permit No
Valid up to F	ee Paid (if any)
	SIGNATURE OF ISSUING OFFICER

Please attached 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.

REQUIREMENTS:

- > A Signed and Completed Visa Application Form
- ➤ A passport valid for at least six (6) months from last day of intended stay in Sierra Leone
- ➤ A Letter of Invitation/Hotel Reservation that is under-signed
- > Two (2) colored passport size recent photographs with light background
- > A copy of the applicant's travel itinerary
- > Submission of self addressed registered envelope
- > A copy of certificate of vaccination against Yellow Fever
- > Evidence of funds sufficient for the duration of stay in Sierra Leone
- ➤ Visa Fee (See the **Fees** section for costs and payment instruction)

METHODS OF PAYMENT:

- > Deposit or Bank Transfer to the account of the Sierra Leone Embassy
- Please remember that only deposit slips/receipts will be accepted as proof of payment