

http://gambiaembassy.us/ Tel. (202) 785 1399 Fax (202) 342 0240 E-mail info@gambiaembassy.us

## **APPLICATION FORM FOR VISA**

1.	First Name		Middl	e Name	Last Name	
2.	Date of Birth Month			Date	Year	
3.	Place of Birth					
4.	Marital Status	□ Single	\	☐ Married	□ Divorced	
5.	Purpose of Visit	☐ Official		☐ Business	□ Tourism	
6.	Occupation					
7.	Passport No.	Issue D	Date	Expiration Date		
8.	Present Address (in U.S. or country of residence)					
9.	Phone Number E-Mail Address					
10.	Father's Name					
11.	Mother's Name	Mother's Name				
12.	Address in The Gambia	Address in The Gambia				
13.	Length of Stay in The	Gambia				
14.	Reference Contact in The	e Gambia (Name & T	el No.)	4		
14.	Emergency Reference/s	Emergency Reference/s in the USA (Name & Tel No.)				
15.	Applicant's Signature			Date		
16.	<ol> <li>REQUIREMENTS FOR VISA (please note that we canNOT process unless the requirements submitted are complete)</li> <li>Valid passport (Please submit the actual passport to paste the visa on)</li> <li>One passport-size photograph on white background (taken in the last six months; please write name and passport number on the back and sign)</li> <li>Completed and signed application form</li> <li>A nonrefundable application fee of \$100.00 in money order only, payable to the Embassy of The Gambia</li> <li>Prepaid self-addressed/return envelope (FedEx/UPS or Priority/Express Mail</li> <li>Regular visa processing time 3 – 4 days.</li> </ol>					
		KUP/DROP-OFF HOUR eak is 12:00nn-1:00pm) Express Service a	)	Friday - 1		
FOR CONSULAR OFFICE USE ONLY						

Vísa íssued is multiple-entry.

Remarks

Mode of Dispatch

Money Order/Cashier's Check No. and Amount