

REPUBLIQUE DU SENEGAL

MINISTERE DES AFFAIRES ETRANGERES
ET DES SENEGALAIS DE L'EXTERIEUR

AMBASSADE DU SENEGAL AU GHANA, ACCRA

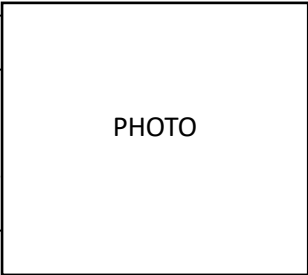


VISA APPLICATION FOR SENEGAL

(FILL OUT COMPETELY BOTH PAGES. INCOMPLETE FORM WILL NOT BE PROCESSED)

Last Name/Nom First Name/Prénom (s) Middle Names (Autres prénoms)

Maiden Name (Nom de Jeune fille) : -----
Date of Birth (date de naissance) : -----
Place of Birth (lieu de naissance) : -----
Nationality (Nationalité) : -----
Family status (situation matrimoniale) : -----



Address in Ghana :-----

Telephone No :-----

Occupation (Profession) :-----

(CROSS OUT INAPPLICABLE)

Passport No :-----
Date of Issue :-----
By Whom :-----
Expiration Date :-----
Transit to :-----
Number of Entries : Single Multiple
Duration of stay :-----
From :-----
To :-----
Address and reference in Senegal:-----

DO NOT FILL: RESERVED TO THE ADMINISTRATION
NE PA REMPLIR : RESERVE A L'ADMINISTRATION
1. Numero de visa :-----
2. Genre de Visa :-----
3. Date de Délivrance :-----
4. Date d'Expiration :-----
5. Nombre d'entrées autorisées :-----
6. Durée autorisée à chaque séjour:-----
7. Éventuellement, référence de la réponse à la consultation préalable :-----

Do you travel alone ? -----If not, with whom ?-----

Reason for travel : -----
If travelling for business or Event, indicate Partner/organizer (Name and Adress), Date -----

For Student Visa or internship, indicate Reference and location of School or Academic Sponsor, and duration -----

Have you already lived in Senegal more than three (3) months, and when-----

Date and Address of your last Visit -----

With my signature, I pledge my responsibility and I would be liable for legal prosecution by the law in case of false statement which would prohibit the Issuance of a visa in the future.

Applicant (s) Signature _____ Date (mm/dd/yyyy) _____

AVIS DU CHEF DE POSTE : _____

