



EMBASSY OF THE REPUBLIC OF SIERRA LEONE

VISA APPLICATION FORM

Surname: Mr./Mrs./Miss: _____

Christian and Other Name: _____

Sex: _____ Civil Status: _____

Present Address: _____

Nationality: _____ Telephone: _____

Place of Birth: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Passport No: _____ Place of Issue: _____

Date of Issue: _____ Expiration Date: _____

Issuing Authority: _____

Purpose of Visit: _____

Intended date of Arrival in Sierra Leone: _____ Duration of Stay: _____

Contact address or contact person in Sierra Leone: _____

Date: _____

Signature of Applicant

FOR OFFICIAL USE

Referenced No. of Approval from Freetown (if necessary) _____

Working Permit No. (if required) _____ Visa Entry Permit No. _____

Valid up to _____ Fee Paid (if any) _____

General Receipt No./Date of Issue _____

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