

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

APPLICATION FORM FOR VISA

| 1. | First Name | N | Iiddle Name | Last Name or Surname | |
|-----|--|---------------------------|---------------------|----------------------|--|
| 2. | Birthdate Mo | onth | Date | Year | |
| 3. | Place of Birth | | | | |
| 4. | Marital Status | □ Single | ☐ Married | □ Divorced | |
| 5. | Purpose of Visit | ☐ Official | ☐ Business | □ Tourism | |
| 6. | Occupation/Profession/Activities | | | | |
| 7. | Present Address | | | | |
| 8. | Mobile/Cell Phone Number E-Mail Address | | | | |
| 9. | Father's Name | ther's Name Nationality | | | |
| 10. | Mother's Name | Iother's Name Nationality | | | |
| 11. | Passport No. | Issue Date | Expiry | Date | |
| 12. | Nationality at Birth | | Current Nationality | | |
| 13. | Entry Date Date/s of Previous Visit/s | | | | |
| 14. | Emergency Reference/s in the USA (Name, Address, Telephone No.) | | | | |
| 15. | Applicant's Signature | | Date | | |
| 16. | REQUIREMENTS FOR VISA (please note that we canNOT process unless the requirements submitted are complete) Valid passport (Please submit the actual passport; the visa will be affixed to it.) One passport-size photograph on white background (taken in the last six months; please write name and passport number on the back and sign) Completed and signed application form A nonrefundable application fee of \$100.00 in money order only, payable to the Embassy of The Gambia Prepaid self-addressed/return envelope (FedEx/UPS or Priority/Express Mail recommended) Personal or telephone interview may be required. Regular visa processing time 3 – 4 days. | | | | |
| | PICKUP/DROP-OFF HOURS Monday - Thursday – 11:00 AM to 2:00 PM (Lunch Break is 12:00nn-1:00pm) Friday – 11:00 AM Express Service available for an additional fee of \$50.00. | | | | |

FOR CONSULAR OFFICE USE ONLY

Vísa íssued is multiple-entry.

Remarks

Mode of Dispatch

Money Order/Cashier's Check No. and Amount