

EMBASSY OF THE GAMBIA
 1156 15TH STREET, N.W., SUITE 905, WASHINGTON, D.C. 20005
 Tel: (202) 785-1399 * Fax: (202) 785-1430

APPLICATION FORM FOR VISA

1.	Last Name or Surname:			<i>Office Use Only</i>	
2.	First Name:			<i>Receiving Officer</i>	
3.	Place and Date of Birth (mm/dd/yyyy):			Name:	
4.	Nationality at Birth:			Date:	
5.	Current Nationality:			<i>Mode of Receipt</i>	
6.	Profession/Occupation:			1. Visa Service	
7.	Present Address and Phone No:			2. Registered Mail	
				3. Ordinary Mail	
				4. In Person	
8.	Names and Nationalities of: A. Father: B. Mother:			<i>Handling Officer</i> Name: Action Taken:	
9.	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			1. Approved	
10.	Purpose of Visit: <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Tourism			2. Refused	
11.	Duration of Visit:			3. Rejected	
12.	Address in The Gambia:			Signature:	
13.	Passport No.	Date of Expiration	Date of Issue	Place of Issue	Visa No.
14.	Previous Visits to The Gambia: Date of Entry: _____ Date of Exit: _____			Date Out	
15.	References in The Gambia (Name, Address & Telephone No.) A. B.			Visa Type/No. Multiple Single	
16.	Emergency Address and Phone No:				
17.	Method of Financial Transaction in The Gambia <input type="checkbox"/> Credit Cards <input type="checkbox"/> Dollars <input type="checkbox"/> Dalasis				
18.	Requesting Hotel and Other Information Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No				
19.	I attest that all the information provided on this application is accurate to the best of my ability. I understand that I could be denied a visa to enter The Gambia if the information is found to be incorrect.				
	Signature: _____			Date: _____	
	Print Name: _____				