



To be completed
in capital Letters

EMBASSY OF THE REPUBLIC OF SIERRA LEONE, RABAT, KINGDOM OF MOROCCO

#6 Rue Leemaadid, Bir Kacem, Souissi || +212 5375 - 45971

VISA REQUEST



Affix Photo

FAMILY NAME: _____

OTHER NAME(S): _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____

NATIONALITY AT BIRTH: _____ MARITAL STATUS: _____

PROFESSION: _____ PLACE OF WORK _____

PASSPORT NO.: _____ DATE OF ISSUE: ____/____/____ EXPIRY DATE: ____/____/____

EXPECTED DATE OF ENTRY TO SIERRA LEONE: ____/____/____ DURATION OF STAY: _____

PURPOSE OF TRAVEL: **Tourism** **Business** **Diplomat**

Other (Specify) _____

IF IT IS A BUSINESS TRIP, GIVE THE NAME(S) AND ADDRESSES OF THE PERSON(S) TO BE CONTACTED:

IF IT IS A STUDYING OR TRAINING TRIP, GIVE THE NAME(S) AND INSTITUTION TO BE CONTACTED AND THE DURATION OF STUDY (INDICATE IF YOU ARE FINANCIALLY SUPPORTED BY AN ORGANIZATION OR PERSON):

ADDRESS IN SIERRA LEONE: _____

CONTACT PERSON IN SIERRA LEONE: _____

PHONE NUMBER: _____ ADDRESS: _____

NAMES OF PERSON(S) ACCOMPANYING YOU: _____

COUNTRY OF RESIDENCE DURING THE LAST TWO YEARS: _____

HAVE YOU PREVIOUSLY STAYED IN SIERRA LEONE: YES NO

IF **YES**, STATE THE ADDRESS: _____

I PLEDGE NOT TO ENGAGE IN ANY ILLEGAL ACTIVITY DURING MY STAY IN SIERRA LEONE, AND TO LEAVE SIERRA LEONE TERRITORY AT THE EXPIRATION OF THE VALIDITY OF THE VISA WHICH WILL BE GRANTED TO ME. THE SIGNATURE BELOW BINDS ME AND IN CASE OF FALSE DECLARATION WILL DEPRIVE ME FROM OBTAINING ANY VISA IN THE FUTURE WITHOUT PREJUDICE TO ANY FURTHER ACTION ACCRODING TO THE LAWS OF SIERRA LEONE.

DATE

SIGNATURE

**DO NOT WRITE IN THIS SPACE BELOW
FOR OFFICIAL USE ONLY**

-Visa Classification: _____

-Visa Control Number: _____ Multiple / Single / Transit: _____

- Validity: _____ Visa Issue Date / Refused / On: _____

- Comments on review for refusal: _____

Issuing Officer

Signature and Date