

For Official Use

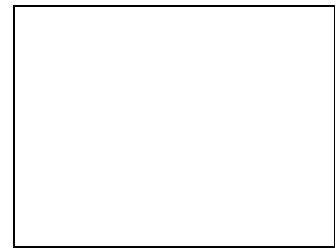
Visa No _____

Type of visa _____

Date of issue _____

Charges _____

Signature of issuing officer _____



Application for Ghana Entry Permit/Visa Mission Geneva

INSTRUCTIONS

1. This form must be completed in Quadruplicate and **IN CAPITAL LETTERS** and submitted together with four (4) recent Passport-sized pictures not later than four (4) working days before the intended date of departure.
2. Passport must be valid for at least 6 months
3. Applicants applying by post should provide self-addressed stamped envelopes
4. Visa application fee is not refundable
5. Any information stated on the Form and subsequently found to be incorrect may render Entry Permit/Visa void

1. a) Surname _____ First Name (s) _____

Previous Name (if applicable) _____

b) Date of Birth _____ c) Place of Birth _____

d) Nationality _____ e) Former Nationality (if any) _____

f) Passport No. _____ g) Date of Issue _____

h) Place of Issue _____ i) Date of Expiry _____

2. Profession / Occupation _____

3. a) Business Address, Tel. No. and Email _____

b) Residential Address, Tel. No. and Email _____

4. Proposed Date of Departure for Ghana _____

5. a) Travelling by Air _____ Sea _____ Land _____

b) Is applicant in possession of return ticket? _____ Ticket No. _____

c) Financial means at Applicant's disposal _____

6. Purpose of Journey: Business _____ Tourism _____ Employment _____ Official _____ Other _____

7. Details of two References in Ghana

i) Name: _____ Address: _____

_____ Tel. _____ Email: _____

ii) Name: _____ Address: _____

_____ Tel. _____ Email: _____

8. If for Employment, Name, Address, Tel. No. & Email address of Employer in Ghana _____

9. Duration of Stay in Ghana _____

10. Date of last visit to Ghana _____

11. Applicant's Signature _____ Date of Application _____