

For Official Use

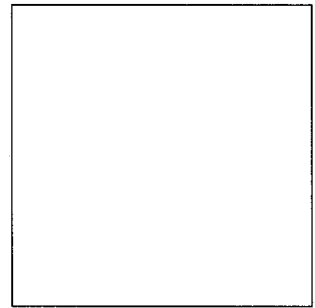
Visa No _____

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, within at least three (3) 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 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 _____

b) Residential Address & Tel. No _____

4. Proposed Date of Departure for Ghana _____

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

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

or attestation from travel agency _____

c) Financial means at Applicant's disposal _____

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

7. Names & Addresses of two References in Ghana:

i) _____

ii) _____

iii) Letter of invitation from company or host/hostess _____

8. Vaccination for Yellow Fever (Attach photocopy) _____

9. If for Employment, Name & Address of Employer in Ghana _____

10. Duration of Stay in Ghana _____

11. Date of Last Visit to Ghana _____

12. Applicant's Signature _____ Date of Application _____