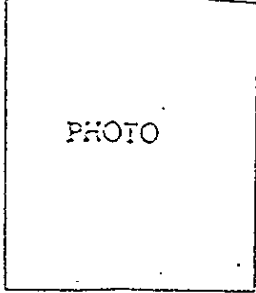


Tel. 02 771 00 53



Fax 02 771 82 30

EMBASSY OF SIERRA LEONE
& MISSION TO THE EUROPEAN COMMUNITIES
Avenue de Tervuren 410 - B-1150 Brussels



APPLICATION FOR SIERRA LEONE VISA

Names: Mr/Mrs/Miss

Surname.....Christian or other names.....

Date of Birth.....

Sex:male/female.....Marital status.....

Present Address.....

Telephone No.....

Permanent Address.....

Nationality.....Occupation.....

Name and Address of Employer.....

Passport No.....Date of Issue.....

Place of Issue.....Date of Expiry.....

Purpose of visit.....

Proposed date of arrival in Sierra Leone.....

Duration of stay in Sierra Leone.....Single/Multiple Entries.....

Name and Address of Referee in Sierra Leone.....

Address in Sierra Leone.....

Evidence of adequate funds during stay in Sierra Leone.....

Applicant's signature.....Date of application.....

FOR OFFICIAL USE ONLY

Reference number of approval Immigration Headquarters Freetown (If necessary)

Work permit No (If Necessary).....

Visa/Entry Permit No.....

Valid until.....Fee paid Euros.....

General Receipt No and date of issue.....

Date.....

SIGNATURE AND TITLE OF ISSUING OFFICER