



## HONORARY CONSULATE OF REPUBLIC OF SIERRA LEONE

Piazza Bologna 6 – 00162 Roma Italy

### VISA APPLICATION FORM

Surname : Mr./Mrs./Miss \_\_\_\_\_

Christian and Other Name : \_\_\_\_\_

Sex : \_\_\_\_\_ Civil Status . \_\_\_\_\_

Present address : \_\_\_\_\_

Nationality : \_\_\_\_\_ Telephone : \_\_\_\_\_

Place of birth . \_\_\_\_\_ Date of birth : \_\_\_\_\_

Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_

Passport n° . \_\_\_\_\_ Place of issue : \_\_\_\_\_

Date of issue : \_\_\_\_\_ Expiration date : \_\_\_\_\_

Issuing Authorities : \_\_\_\_\_

Purpose of visit : \_\_\_\_\_

Intended date of arrival in Sierra Leone : \_\_\_\_\_ Duration of stay : \_\_\_\_\_

Contact address or contact person in Sierra Leone : \_\_\_\_\_

Date : \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

---

#### FOR OFFICIAL USE

Reference N°. of Approval from Freetown (if necessary) \_\_\_\_\_

Working permit N°. (if required) \_\_\_\_\_ Visa Entry Permit N°: \_\_\_\_\_

Valid up to : \_\_\_\_\_ Fee paid (if any) \_\_\_\_\_

General Receipt N°./Date of Issue \_\_\_\_\_

---

**SIGNATURE OF ISSUING OFFICER**

Please attach certificate of vaccination for Yellow fever, also, photocopies of proof of availability of sufficient funds for intended duration of stay in Sierra Leone. Beware : Perjury is a crime. Any deliberate misrepresentation or false declaration will be dealt with to the full extent of applicable laws.