



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.