

VISA APPLICATION FORM

EMBASSY OF SIERRA LEONE IN BRUSSELS



CONSULAR SECTION

Avenue de Tervueren 410
1050 BRUXELLES

TEL : +22 2 771 00 53

FAX : + 32 2 771 82 30

Email :

sierraleoneembassy@brutele.be

ATTACH
PHOTO
HERE

FAMILY NAME :

OTHER NAMES :

SEX : MALE ☐

FEMALE ☐

MARITAL STATUS: MARRIED ☐

SINGLE ☐

DIVORCED ☐

PRESENT ADDRESS:

..... TEL N°:

DATE OF BIRTH: PLACE OF BIRTH:

NATIONALITY: OCCUPATION:

NAME AND ADDRESS OF EMPLOYER:

PASSPORT NUMBER: DATE OF ISSUE:

PLACE OF ISSUE: DATE OF EXPIRY:

PURPOSE OF VISIT:

PROPOSED DATE OF ARRIVAL IN SIERRA LEONE:

DURATION OF STAY:

NAME OF REFERENCE IN SIERRA LEONE:

PROPOSED ADDRESS IN SIERRE LEONE:

BANK REFERENCE (or if none proof of sufficient means of maintenance):

SIGNATURE OF APPLICANT: DATE:

NOTE:

1. One application form to be completed
2. One passport-size photograph should be attached
3. Tick all boxes

FOR OFFICIAL USE ONLY

REFERENCE NUMBER OR APPROVAL FROM IMMIGRATION HEADQUARTES,

FREETOWN WORK PERMIT NUMBER (IF NECESSARY):

VISA NUMBER/ENTRY PERMIT N°: VALID UP TO:

FEE PAID (IF NECESSARY): GENERAL RECEIPT N°:

DATE: SIGNATURE: