

EMBASSY OF THE GAMBIA
 1424 K STREET, N.W., SUITE 600, WASHINGTON, D.C. 20005
 Tel: (202) 785-1399 * Fax: (202) 785-1430

APPLICATION FORM FOR VISA

1.	Last Name or Surname:	<i>Office Use Only</i>								
2.	First Name:	<i>Receiving Officer</i>								
3.	Place and Date of Birth (mm/dd/yyyy):	Name:								
4.	Nationality at Birth:	Date:								
5.	Current Nationality:	<i>Mode of Receipt</i>								
6.	Profession/Occupation:	1. Visa Service								
7.	Present Address and Phone No:	2. Registered Mail								
		3. Ordinary Mail								
		4. In Person								
8.	Names and Nationalities of: A. Father: B. Mother:	<i>Handling Officer</i> Name: Action Taken:								
9.	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	1. Approved								
10.	Purpose of Visit: <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Tourism	2. Refused								
11.	Duration of Visit:	3. Rejected								
12.	Address in The Gambia:	Signature:								
13.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Passport No.</td> <td style="width: 25%;">Date of Expiration</td> <td style="width: 25%;">Date of Issue</td> <td style="width: 25%;">Place of Issue</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Passport No.	Date of Expiration	Date of Issue	Place of Issue					Visa No.
Passport No.	Date of Expiration	Date of Issue	Place of Issue							
14.	Previous Visits to The Gambia: Date of Entry: _____ Date of Exit: _____	Date Out								
15.	References in The Gambia (Name, Address & Telephone No.) A. _____ B. _____	Visa Type/No. Multiple _____ Single _____								
16.	Emergency Address and Phone No:									
17.	Method of Financial Transaction in The Gambia <input type="checkbox"/> Credit Cards <input type="checkbox"/> Dollars <input type="checkbox"/> Dalasis									
18.	Requesting Hotel and Other Information Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No									
19.	I attest that all the information provided on this application is accurate to the best of my ability. I understand that I could be denied a visa to enter The Gambia if the information is found to be incorrect.									
	Signature: _____ Date: _____ Print Name: _____									