EMBASSY OF THE GAMBIA

1156 15TH STREET, N.W., SUITE 905, WASHNGTON, D.C. 20005 Tel: (202) 785-1399 * Fax: (202) 785-1430

APPLICATION FORM FOR VISA

1.	Last Name or Surname:	Office Use Only	
2.	First Name:	Receiving Officer	
3.	Place and Date of Birth (mm/dd/yyyy):	Name:	
4.	Nationality at Birth:	Date:	
5.	Current Nationality:	Mode of Receipt	
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:	Handling Officer Name: Action Taken:	
9.	Marital Status: ☐ Married ☐ Single ☐ Divorced	1. Approved	
10.	Purpose of Visit: Official Business Tourism	Refused Rejected	
11.	Duration of Visit:		
12.	Address in The Gambia:	Signature:	
13.	Passport No. Date of Expiration Date of Issue Place of Issue	Visa No.	
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□ Credit Cards□ Dollars□ Dalasis		
18.	Requesting Hotel and Other Information Enclosed Yes		
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: Date:		