EMBASSY OF THE DEMOCRATIC REPUBLIC OF THE CONGO

1726 M Street, NW Suite 601 Washington, D.C. 20036 Tel.: (202) 234-7690 / 91 Fax: (202) 234-2609

VISA REQUIREMENTS

All applicants for a visa to the DRC are required to submit the following:

- 1. A valid Passport (for at least six months)
- 2. Two (2) application forms properly completed, dated and signed by the traveler.
- 3. 2 recent passport photos with the person facing the camera.
- 4. A copy of the Permanent Residence document "Green Card" for non US citizens
- 5. An International Certificate of Vaccination showing immunization against yellow fever
- 6. A copy of airline tickets or itinerary from an authorized travel agent
- 7. A letter from the company assuming all financial responsibilities for the traveler (for business trips only)
- An invitation letter notarized in the DRC (Not required for DIPLOMATIC or OFFICIAL PASSPORTS).
- 9. Pre-paid mailing envelope for return: Express Mail (United States Postal service).

The Embassy reserves the right to deny visas to all requests it deems incomplete or unclear.

VISA FEES

- One entry for one month	\$ 100				
- Multiple entry for one month	\$ 150				
- One entry for two months	\$ 175				
- Multiple entries for two months	\$ 200				
- One entry for three months	\$ 250				
- Multiple entries for three months	\$ 300				
- Single entry for six months	\$ 350				
- Multiple entries for six months	\$ 400				
The fees are waived for diplomatic or official visas.					

THE AMOUNT IS DOUBLED FOR ANY SAME-DAY VISA PROCESSING REQUEST

Mode of payment: MONEY ORDER, CERTIFIED CHECK OR COMPANY CHECK Payable to the order of: EMBASSY OF THE DEMOCRATIC REPUBLIC OF THE CONGO

All requests for non immigrant visas must be sent to:

The Embassy of the Democratic Republic of the Congo 1726 M Street, N.W Suite 601 Washington, D.C. 20036

Office hours: Monday to Friday 9 AM to 5 PM except on holidays. Visas are issued within:

3 days for personal and business trips

24 hours for official trips

Please do not forget to include a Post Office registered envelope or prepaid overnight mail for return.



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VISA APPLICATION FOR SHORT STAY

DO NOT WRITE IN THIS SPACE. FOR EMBASSY USE ONLY.										
Documents verification: 6+ month valid passport Residence card Vaccination Certificate Airline ticket Company letter Invitation	☐ Iss ☐ De		M/S M/M Done by: Verified by: Notes:	2M/S	2M/M	3M/S	3M/M	6M/S	6M/M	
PLEASE PRINT OR TYPE IN THE SPACES PROVIDED BELOW										
1. Passport number		2. Issuing author	ity		3. Issuance da (day/month/y /			piration date month/year)	/ 20	
5. Names (as in passport): First		Middle		Last			Others			
6. Place of birth City and state		Country		7. Date of (day/mor		/	8. Natio	onality (origin)	
9. Gender: 10. Marital status: Single Married Divorced Widowed Female					Separa	ted				
11. Spouse's information (eve First name	n if separa	ed or divorced): Last name				l place of birth	Nationa	Nationality		
12. Present address (street, city, province or state, postal code, country)					13. Dur	13. Duration at this address				
								Years	Months	
14. Telephone numbers Home	F	ax	Business		Business fax		Mob	ile/Cellular		
15. Name of employer or school 16. Present address of employer or school (street, city, province or state, postal code, country)										
17. Telephone		18. Fax		19. Prese	ent occupation /	profession				
20. Names of the person in the First		Last		Other			Relation	nship		
21. Hotel name (if applicable)	:	22. Address in th	e DRC* (street, city, p	rovince or stat	e)					
23. Telephone numbers Home		Fax		Business			Mobile			

24. Purpose of current trip to the DRC*		25. Length of	stay in the DRC* (in days)	26. When do you intend to arrive in the DRC*?				
				/	/ 20			
27. Have you ever been in the DRC*? (start w	vith your latest trip and conti	nue on the botto	m of this page or use additional	pages if need	ed)			
Yes If yes, when?			long?	Port of er	ntry			
28. Father's information First name	Last name		Middle name or other		Nationality			
29. Mother's information First name	Last name		Middle name or other		Nationality			
knowledge. I understand that any false s	I certify that I have read and understood all the questions in this application and the answers I have provided are true and correct to the best of my knowledge. I understand that any false statement may result in the denial of a visa or denial of entry into the Democratic Republic of the Congo							
Please type or print your names, date of birth First Name	and passport numbers again: Last Name	:	Today's date (day/month/yea	ar)	Passport number:			
			/	/ 20				
Applicant's signature: (*) DRC: Democratic Republic of the Congo Please write in the space below any a	additional information	that could no	ot fit in the space provided	on the form	Photos (2)			
Make sure you write the number of t								



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PLEASE PRINT OR TYPE IN THE SPACES PROVIDED BELOW										
1. Passport number		2. Issuing authorit	3. Issuance date (day/month/year)				4. Expiration date (day/month/year) / 20			
5. Names (as in passport): First		Middle	Last			Others	Others			
6. Place of birth City and state	· ·			7. Date o (day/mor		/	8. Natio	8. Nationality (origin)		
9. Gender: Male Female	10. Marital status:	Single Married Divorced Widowed Separated								
11. Spouse's information (ever First name	n if separated on	r divorced): Last name	Date (dd.	, mm, yyyy) and	place of birth	National	Nationality			
12. Present address (street, city, province or state, postal code, country)						13. Duration at this address Years Months				
14. Telephone numbers Home	Fax		Business		Business fax		Mobi	le/Cellular		
15. Name of employer or school 16. Present address of employer or school (street, city, province or state, postal code, co						country)				
17. Telephone		18. Fax		19. Prese	ent occupation / 1	profession				
20. Names of the person in the DRC* who you will be staying with. First Last			th.	Other			Relationship			
21. Hotel name (if applicable):	applicable): 22. Address in the DRC* (street, city, province or state)									
23. Telephone numbers Home		Fax		Business			Mobile			

24. Purpose of current trip to the DRC*			25. Length of stay in the DRC* (in days)			26. When do you intend to arrive in the DRC*?			
27. Have you ever been in the	DRC*? (start v	with your latest trip and conti	inue o	on the bottor	n of this page or use additional	nages if need	/ 20		
Yes No				For how long?		Port of entry			
28. Father's information First name		Last name		<u> </u>	Middle name or other		Nationality		
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I certify that I have read and understood all the questions in this application and the answers I have provided are true and correct to the best of my knowledge. I understand that any false statement may result in the denial of a visa or denial of entry into the Democratic Republic of the Congo									
Please type or print your names, date of birth and passport numbers again: First Name Last Name		:	Today's date (day/month/year)			Passport number:			
					/	/ 20			
Applicant's signature:									
							J		
(*) DRC: Democratic Republi	ic of the Congo								
=	-				fit in the space provided Use additional pages as r		m.		