REPUBLIQUE DU SENEGAL

Un Peuple — Un But — Une Foi

MINISTERE DES AFFAIRES ETRANGERES

AMBASSADE DU SENEGAL AUX ETATS-UNIS D'AMERIQUE

DEMANDE DE VISA / VISA APPLICATION

(fill out this application entirely, cross out irrelevant items — incomplete forms will not be processed)

PERSONAL INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____/_____/_____
(Day / Month/ Year)

Place of Birth: _____

Citizenship: _____

Marital Status: _____

Current Residential Address: _____

_____

Telephone Number: _____

Current Occupation: _____

PASSPORT

Passport Number: _____

Date Issued: _____/_____/_____
(Day / Month/ Year)

Issued By: _____

Expiration Date: _____/_____/_____
(Day / Month/ Year)

VISA

Number of Entries: Single: _____
 (Check One)   Multiple: _____

From Date: _____/_____/_____
(Day / Month/ Year)

To Date: _____/_____/_____
(Day / Month/ Year)

ADMINISTRATIVE SECTION
(section reserved, do not fill)

Numéro De Visa: _____

Type de Visa: _____

Date de Délivrance: _____

Date d'Expiration: _____

Nombre d'Entrées Autorisées: _____

Durée de Chaque Séjour: _____

Eventuellement, Référence de la
Réponse à la Consultation Préalable: _____

COMPLEMENTARY INFORMATION

Are you traveling alone ?   _____

Otherwise, list names of other persons you are traveling with:
_____
_____

What is the purpose of your journey? _____
_____

If requesting a business visa, indicate your partner's name and address:
_____
_____

If requesting a student visa, what is the reference of your school or academic sponsor:
_____
_____

If you had a previous visit to Senegal, answer the following:
        What was the date of last entry (Day / Month/ Year) ? _____/_____/_____
        What was the date of last exit (Day / Month/ Year) ? _____/_____/_____
        What was the address where you stayed ? _____
        _____

With my signature, I certify that all information provided is true and accurate to the best
of my knowledge. I would be liable for prosecution by law for false statements, which will
be ground for denial of future visa application.

        Date of application: _____/_____/_____
        (Day / Month/ Year)
        Signature: _____

AVIS DU CHEF DE POSTE
(section reserved, do not fill)

_____
_____
_____
_____
_____
_____
_____