Embassy of the Republic of The Gambia 5630 16th Street, NW Washington, D.C. 20011

Money Order/Cashier's Check No. and Amount

http://gambiaembassydc.us/ Tel. (202) 785 1399 E-mail info@gambiaembassydc.us

APPLICATION FORM FOR VISA

1.	First Name M		ddle Name	Last Name	
2.	Date of Birth Month		Date	Year	
3.	Place of Birth				
4.	Marital Status	□ Single	☐ Married	☐ Divorced	
5.	Purpose of Visit	□ Official	□ Business	□ Tourism	
6.	Occupation		4		
7.	Passport No.	Issue Date	Exp	Expiration Date	
8.	Present Address (in U.S. or country of residence)				
9.	Phone Number	er E-Mail Address			
10.	Father's Name				
11.	Mother's Name				
12.	Address in The Gambia				
13.	Length of Stay in The Gambia				
14.	Reference Contact in The Gambia (Name & Tel No.)				
14.	Emergency Reference/s in the USA (Name & Tel No.)				
15.	Applicant's Signature Date				
16.	 Prepaid self-addressed/return envelope (FedEx/UPS or Priority/Express Mail Regular visa processing time 3 – 4 days. PICKUP/DROP-OFF HOURS Monday - Thursday – 11:00 AM to 2:00 PM				
	(Lunch Break is 12:00nn-1:00pm) Friday – 11:00 AM Express Service available for an additional fee of \$50.00.				
FOR CONSULAR OFFICE USE ONLY					
Vísa íssued ís multíple-entry.					
Remarks					
Mode of Dispatch					