

# VISA APPLICATION FORM

## EMBASSY OF SIERRA LEONE IN BRUSSELS



### CONSULAR SECTION

Avenue de Tervueren 410  
1050 BRUXELLES

TEL : +22 2 771 00 53  
FAX : + 32 2 771 82 30  
Email :

[sierraleoneembassy@brutele.be](mailto:sierraleoneembassy@brutele.be)



FAMILY NAME : .....

OTHER NAMES : .....

SEX : MALE  FEMALE   
MARITAL STATUS: MARRIED  SINGLE  DIVORCED

PRESENT ADDRESS: .....

TEL N°: .....

DATE OF BIRTH: ..... PLACE OF BIRTH: .....

NATIONALITY: ..... OCCUPATION: .....

NAME AND ADDRESS OF EMPLOYER: .....

PASSPORT NUMBER: ..... DATE OF ISSUE: .....

PLACE OF ISSUE: ..... DATE OF EXPIRY: .....

PURPOSE OF VISIT: .....

PROPOSED DATE OF ARRIVAL IN SIERRA LEONE: .....

DURATION OF STAY: .....

NAME OF REFERENCE IN SIERRA LEONE: .....

PROPOSED ADDRESS IN SIERRA LEONE: .....

BANK REFERENCE (or if none proof of sufficient means of maintenance): .....

SIGNATURE OF APPLICANT: ..... DATE: .....

- NOTE:
1. One application form to be completed
  2. One passport-size photograph should be attached
  3. Tick all boxes

### FOR OFFICIAL USE ONLY

REFERENCE NUMBER OR APPROVAL FROM IMMIGRATION HEADQUARTES,  
FREETOWN WORK PERMIT NUMBER (IF NECESSARY): .....

VISA NUMBER/ENTRY PERMIT N°: ..... VALID UP TO: .....

FEE PAID (IF NECESSARY): ..... GENERAL RECEIPT N°: .....

DATE: ..... SIGNATURE: .....