

Sierra Leone Official visa Application



IMPORTANT: Please enter your contact information

Name:

Email:

Tel:

Mobile:

The latest date you need your passport returned in time for your travel:



Sierra Leone official visa checklist

Filled out and signed Sierra Leone official visa application form. The form is enclosed.

Original passport. Passport must have at least 6 months remaining validity and have at least 1 visa page.

1 Photographs. Standard passport photographs 2x2 inches on a white background.

Payment. Credit Card Authorization form, Certified Check, or Money Order payable to VisaHQ.com.

Return mailer. Prepaid self-addressed return label or payment for FedEx.



If you wish to prepay return shipping, please add the shipping fee to the total and provide the return shipping address:

FedEx 2nd day delivery - add \$15

FedEx Standard Overnight - add \$20

FedEx Priority Overnight - add \$25

FedEx Saturday delivery - add \$45

FedEx First Overnight - add \$65

Prepaid self addressed mailer - \$0

Local pick up in Washington, D.C. - \$0

Name:

Company:

Address:

City:

State:

Zip:

State Department Letter. A letter from the US Department of State, sending department, or agency, addressed to "Embassy of Sierra Leone, Washington D.C. ", explaining purpose of travel and dates of the trip. Letter must contain the applicant's name and the passport number.

Sierra Leone official visa fees for citizens of United States

	Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
	Multiple entry	up to 1095 days	\$0.00	\$44.95	3 business days	\$44.95
	Multiple entry	up to 1095 days	\$0.00	\$44.95	3 business days	\$44.95

Credit Card Authorization Form

I authorize **VisaHQ.com** to charge my credit card for the amount of \$

Name on the Credit Card:

Credit Card number:

-

-

-

Exp. date:

/

Credit Card Billing Address:

Signature:

Comments:

Thank you!
We accept all major credit cards.



Tel: (202) 939-9261/9262
Fax: (202) 483-1793



EMBASSY OF SIERRA LEONE
1701 Nineteenth Street, N.W.
Washington, D.C. 20009

EMBASSY OF THE REPUBLIC OF SIERRA LEONE

VISA APPLICATION FORM

VISA APPLICATION FOR SIX MONTHS () OR ONE YEAR ()

SURNAME _____ FIRST NAME _____ MIDDLE NAME _____

SEX _____ MARITAL STATUS _____ TELEPHONE NO _____

HOME ADDRESS _____

PLACE OF BIRTH _____ DATE OF BIRTH _____ OCCUPATION _____

NATIONALITY AT BIRTH _____ CURRENT NATIONALITY _____

EMPLOYER'S NAME AND ADDRESS _____

PASSPORT TYPE: _____ PASSPORT NO _____ PLACE OF ISSUE _____

EXPIRATION DATE _____ PURPOSE OF VISIT _____

PROPOSED DATE OF ARRIVAL _____ DURATION OF STAY _____

NAME AND PHONE NUMBER OF REFEREE IN SIERRA LEONE _____

PROPOSED ADDRESS IN SIERRA LEONE _____

VACCINATION CERTIFICATE DATE AND NUMBER FOR YELLOW FEVER _____

BANK REFERENCE (IF NONE, PROOF OF SUFFICIENT MEANS OF MAINTENANCE) _____

Date _____

Signature of Applicant _____

FOR OFFICIAL USE

APPROVING OFFICER _____ SIGNATURE _____ DATE _____

FEE _____ VISA NO. _____ GENERAL RECEIPT NO. _____

Revised 05/07/08