

Sierra Leone Tourist visa Application



IMPORTANT: Please enter your contact information

Name:

E-mail:

Tel:

Mobile:

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



Sierra Leone tourist visa checklist

- Filled out and signed Sierra Leone tourist 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 2 x 2 inches on 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

Name:

Company:

Address:

City:

State:

Zip:

- Itinerary.** Copy of round trip tickets or confirmed itinerary.
- Yellow Fever Vaccination** Copy of International Certificate of Vaccination for Yellow Fever.

Sierra Leone tourist visa fees for citizens of United States

Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
Multiple entry	up to 365 days	\$131.00	\$44.95	3 business days	\$175.95

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