

## 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*