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REPUBLIC OF SIERRA LEONE  
VISA APPLICATION FORM  
EMBASSY BONN



SIERRA LEONE	EMBASSY HIGH COMMISSION CONSULATE	IN	_____
SURNAME: (MR. / MRS. MISS) _____			
CHRISTIAN OR OTHER NAMES _____			
SEX _____	MARITAL STATUS	MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>
PRESENT ADDRESS _____		TELEPHONE NO _____	
HOME ADDRESS _____			
PLACE OF BIRTH _____		DATE OF BIRTH _____	
NATIONALITY _____			
OCCUPATION _____			
NAME & ADDRESS OF EMPLOYER _____			
MEANS OF TRAVEL _____			
PASSPORT NO _____		DATE OF ISSUE _____	
PLACE OF ISSUE OF PASSPORT _____			
DATE OF EXPIRY OF PASSPORT _____			
PURPOSE OF VISIT _____			
PROPOSED DATE OF ARRIVAL IN SIERRA LEONE _____			
NO. & DATE OF THE FOLLOWING VACCINATION CERTIFICATES:			
YELLOW FEVER _____			
CONTACT ADDRESS IN SIERRA LEONE _____			
BANK REFERENCE OR IF NONE, PROOF OR SUFFICIENT MEANS OF MAINTENANCE _____			
_____			
DATE _____		SIGNATURE OF APPLICANT _____	

**FOR OFFICIAL USE**

REFERENCE NUMBER OF APPROVAL FROM IMMIGRATION HEADQUARTERS,  
FREETOWN (IF NECESSARY) \_\_\_\_\_

WORK PERMIT NO. (IF NECESSARY) \_\_\_\_\_

VISA NO. / ENTRY PERMIT NO. \_\_\_\_\_

VALID UP TO \_\_\_\_\_

FEE PAID (IF ANY) \_\_\_\_\_

GENERAL RECEIPT NO. AND DATE OF ISSUE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE AND TITLE OF ISSUING OFFICER \_\_\_\_\_