

GUYANA IMMIGRATION SERVICE
VISA APPLICATION FORM



| | | | | | |
|---|--------------------------|--|------------------------------|--|--------------------------------|
| A - PERSONAL DETAILS | | | | | |
| 1. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (please specify) | | | | | |
| Surname | | | | Maiden Name | |
| Given Names | | | | | |
| Other Names if Any | | | | | |
| Date of Birth (yy mm dd) | | Gender M <input type="checkbox"/> F <input type="checkbox"/> | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other | |
| Place of Birth | | | Country of Birth | | |
| Nationality | | | Occupation | | |
| Height | Complexion | | Colour of Hair | Colour of Eye | Distinguish Mark |
| B - PASSPORT INFORMATION | | | | | |
| Passport No. | Date of Issue (yy mm dd) | | Issuing Country | Expiry Date (yy mm dd) | |
| | | | | | |
| C - ADDRESS | | | | | |
| Home Address (in full) | | | | | |
| Intended Address | | | | | |
| Local Tele no. | | Fax no: | | e-mail: | |
| D - VISIT INFORMATION | | | | | |
| Have you ever visited Guyana before <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If Yes – reason and Date | | |
| What is the Purpose of Your visit <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Employment | | | | | |
| If Business/Employment (State Agent/name of employer) | | | | | |
| Business Tech Worker | | | | | |
| Employer | | | | | |
| Student (State Institution) | | | | | |
| Have you ever been tested for serious medical illness | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been convicted for any criminal offence | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been arrested for any criminal offence | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been involved in narcotic activities | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been deported from Guyana | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| When are you due to arrive in Guyana | | | | | |
| How long do you intend to stay in Guyana | | Day <input type="text"/> | Week <input type="text"/> | Month <input type="text"/> | |

I certify that I have read and understand all the above questions and answers I have given on this form are true and correct to the best of my knowledge.

Signature of Applicant.....

Date of Application.....

NOTE Failure to disclose the true purpose of applying for a visa or the submission of false information will result in refusal of entry or expulsion from Guyana

OFFICIAL USE ONLY



Valid Until.....

☐ Single ☐ Multiple Entry

Date of Issue.....

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Officer Signature