



AMBASSADE DE LA REPUBLIQUE DU MALI EN INDE

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VISA APPLICATION FORM
TRANSIT OR STAY IN THE REPUBLIC OF MALI

PHOTO

Name (in capitals) :

Maiden name :

First name :

Date and place of birth:

Nationality 1. originally:

2. current:

Occupation:

Address :

Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status : <input type="checkbox"/> Married <input type="checkbox"/> Single	Number of children :
Type of passport : <input type="checkbox"/> Ordinary <input type="checkbox"/> Service <input type="checkbox"/> Diplomatic <input type="checkbox"/> Other (specify) :	Passeport N°: Issued: Valid until: Place of issue: Authority that issued the passport:	
Port of entry in Mali: Date of trip: Mean of transport:	Nature of visa : <input type="checkbox"/> Transit <input type="checkbox"/> Short stay Duration sought _____/jours	Entries : <input type="checkbox"/> Unique <input type="checkbox"/> Multiple
Date, places and length of the previous residences in Mali:		
Purpose of the trip : <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Tourism <input type="checkbox"/> Others (specify) :		
Name - address and tél. : Host/ Family/Company/Hotel in Mali :		

I pledge to accept no paid employment or 'au pair' during my stay in Mali.

I agree ☐

I do not ☐

My signature engages my responsibility as well as my family and we accept the consequences dictated by the law in case of false declaration.

At le20...
(Signature)