



Democratic Republic of Congo

866 UNITED NATIONS PLAZA, ROOM 511 - NEW YORK, N.Y. 10017

TEL.: 212-319.8061 - FAX: 212-319.8232

Website: <http://www.un.int/drcongo>

VISA APPLICATION FORM

(To be filled out in English)

1. Applicant's Name (First, Middle, Last) : _____

2. Occupation: _____ 3. Place of birth: _____ 4. Date of birth: _____

5. Nationality : _____

6. Current Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

7. Passport Number : _____ 8. Date of Issuance: _____

9. Issuing Authority: _____ 10. Place of Issuance : _____

11. Date of Expiration : _____ Two passport photos: Yes _____ No _____

12. Number of entries: _____ 13. Duration of Stay in Congo: _____ Address: _____

14. Reason(s) for entry(ies) : _____

15. Date of entry in the Congo: _____ 16. Port of entry (City/Province) _____

17. Father's Name (First and Last): _____ Nationality: _____

18. Mother's Name (First and Last): _____ Nationality: _____

19. Have you ever entered the Congo? Yes ___ No ___ 20. Number of entries: _____ 21. Dates: _____

Port of entry: _____ Major reason(s) for these(s) entry(ies) _____

22. Reference in Congo: (Names, address): _____

23. Applicant's signature: _____ 24. Application date: New York, _____

PLEASE DO NOT WRITE IN SPACE BELOW

25. Application Number: _____ 26. Visa : _____ Granted _____ Denied _____ 27. Type of visa granted: _____

28. Date of expiration: _____ 29. Number of entries: _____ 30. Duration of stay in Congo: _____ Visa Fee in US dollars: \$ _____