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EMBASSY OF SIERRA LEONE  
BRUSSELS

**CONSULAR SECTION**  
**APPLICATION FORM FOR VISA/ENTRY PERMIT**

PHOTO

1. Name			
Surname		First	Middle
2. Date of birth (day-month-year)	3. Place of birth		5. Current nationality
	4. Country of birth		Nationality at birth, if different:
6. Sex		7. Marital status	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow (er)	
8. Applicants Email Address			9. Emergency Contact
10. Current Occupation		11. Name and Address of Employer	
12. Type of travel document			
<input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Other travel document (please specify)			
13. Passport/Document Number	14. Date of Issue	15. Valid Until	16. Issued by
17. Main purpose(s) of the journey:			
<input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Official visit <input type="checkbox"/> Study <input type="checkbox"/> Other (please specify)			
18. Proposed Date of Arrival in Sierra Leone		19. Duration of the intended stay or transit (Indicate number of days)	
20. Number of entries requested			21. Date of Last Visit to Sierra Leone, if applicable
<input type="checkbox"/> Single entry <input type="checkbox"/> Multiple entries			
22. Name of Company inviting person (s) in Sierra Leone. If not applicable, name of hotel (s) or temporary accommodation(s) in Sierra Leone			
23. Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)			24. Tel (Mobile)
25. Cost of travelling and living during the applicant's stay is covered			
<input type="checkbox"/> by the applicant himself/herself  Means of support  <input type="checkbox"/> Cash <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> by a sponsor (host, company, organisation), please specify  Means of support  <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Other (please specify)	

I, the undersigned do hereby declare that the information given above are true and correct to the best of my knowledge. Legal action (s) should be taken against me for any inconsistencies.

Applicant Signature

Date

**FOR OFFICIAL USE ONLY**

Approving Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Visa No.: *SLEB* \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Validity: \_\_\_\_\_