

http://gambiaembassy.us/ Tel. (202) 785 1399 Fax (202) 342 0240 E-mail info@gambiaembassy.us

APPLICATION FORM FOR VISA

1.	First Name	1	Middle Name	Last Name or Surname			
2.	Birthdate	Month	Date	Year			
3.	Place of Birth						
4.	Marital Status	☐ Single	☐ Married	□ Divorced			
5.	Purpose of Visit	☐ Official	□ Business	□ Tourism			
6.	Occupation/Profession/Activities						
7.	Present Address						
8.	Mobile/Cell Phone Number E-Mail Address						
9.	Father's Name	Nationality					
10.	Mother's Name	Nationality					
11.	Passport No.	Issue Date	Expiry I	Date			
12.	Nationality at Birth	Current Nationality					
13.	Entry Date	Date/s of Previous Visit/s					
14.	Emergency Reference/s in the USA (Name, Address, Telephone No.)						
15.	Applicant's Signature		Date				
16.	 REQUIREMENTS FOR VISA (please note that we canNOT process unless the requirements submitted are complete) Valid passport (Please submit the actual passport; the visa will be affixed to it.) One passport-size photograph on white background (taken in the last six months; please write name and passport number on the back and sign) Completed and signed application form A nonrefundable application fee of \$100.00 in money order only, payable to the Embassy of The Gambia Prepaid self-addressed/return envelope (FedEx/UPS or Priority/Express Mail recommended) Personal or telephone interview may be required. Regular visa processing time 3 – 4 days. 						
	PICKUP/DROP-OFF HOURS Monday - Thursday – 11:00 AM to 2:00 PM (Lunch Break is 12:00nn-1:00pm) Friday – 11:00 AM Express Service available for an additional fee of \$50.00.						

FOR CONSULAR OFFICE USE ONLY

Vísa íssued is multiple-entry.

Remarks

Mode of Dispatch

Money Order/Cashier's Check No. and Amount