



Embassy of the Republic of The Gambia

5630 16th Street, NW
Washington, DC 20011

APPLICATION FORM FOR VISA

1.	First Name	Middle Name	Last Name
2.	Date of Birth Month	Day	Year
3.	Place of Birth		
4.	Marital Status <input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
5.	Purpose of Visit <input type="checkbox"/> Official	<input type="checkbox"/> Business	<input type="checkbox"/> Tourism
6.	Occupation/Profession/Activities		
7.	Passport No	Issue Date	Expiration Date
8.	Present Address (in U.S. or country of residence)		
9.	Phone/Cell Number	E-Mail Address	
10.	Father's Name		
11.	Mother's Name		
12.	Address in The Gambia		
13.	Length of Stay in The Gambia		
13.	Reference/Contact in The Gambia (Name & Tel No.)		
14.	Emergency Reference/s in the USA (Name & Tel No.)		
15.	Applicant's Signature	Date	