

GUYANA IMMIGRATION SERVICE VISA APPLICATION FORM

| 1. | Surname (as in passport) | | | | |
|---|--|--|--|--|--|
| 2. | First and Middle Names (as in passport) | | | | |
| 3. | Other names(Maiden, Professional, Aliases, etc) | | | | |
| 4. | Date and Place of Birth | | | | |
| 5. | Nationality | | | | |
| 6. | (a) Passport Number(b) Date and Place Issued | | | | |
| | © Date Passport Expires | | | | |
| 7. | Home Address (in full) | | | | |
| 8. | . Telephone NumberHow long resident | | | | |
| 9. | Name and Address of Employer | | | | |
| | Telephone Number | | | | |
| 10 | 10. Present Occupation (if retired, past occupation) | | | | |
| 11 | 11. (a) Sex(b) Colour of hair | | | | |
| | © Height(d) Colour of eyes | | | | |
| 12 | . Marital Status (a) Married(b) Single(c) Widowed | | | | |
| | (d) Divorced(e) Separated | | | | |
| 13. Have you ever applied for a Guyana Visa before? | | | | | |
| | If yes: (a) Where? | | | | |
| | (b) When? | | | | |
| | © Type | | | | |
| | (c) Was visa issued? | | | | |
| 14. Who will furnish financial support? | | | | | |
| 15 | . With whom will you stay in Guyana and the address | | | | |
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| | | | | | |

| 16. | What is purpose of your visit? | | | |
|---------------|---|---|--|--|
| 17. | Have you ever visited Guyana before? | | | |
| 18. | Do you intend to work in Guyana? | | | |
| 19. | If on business, nar | ne and address of firm, etc | | |
| | *************************************** | | | |
| 20. | Have you ever: | (a) been afflicted with contagious diseases (i.e. tuberculosis) or suffered serious mental illness? | | |
| 21. | When are you due | to arrive in Guyana? | | |
| 22. | How long do you in | ntend to stay? | | |
| | , | I certify that I have read and understood all the above questions and the answers I have given on this form are true and correct to the best of my knowledge and belief. I understand that possession of a visa does not entitle the bearer to enter Guyana at port of entry if he/she is found inadmissible. | | |
| | | Signature of Applicant | | |
| | | Date of Application | | |
| NOT will r | E: Failure to disclessult in refusal of e | ose the true purpose of applying for a visa or the submission of false information ntry of explusion from Guyana. | | |
| | •••••••••••• | | | |
| | | OFFICIAL USE ONLY | | |
| | | Valid until | | |
| | | For *Single/Multiple Entry | | |
| | Photograph | Date issued | | |
| | | Signature of controlling Officer *Delete which is not applicable | | |