

Permanent Mission of The Gambia
to the United Nations
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THE GAMBIA - VISA APPLICATION

FEE: US\$ 100.00
REQUIREMENTS: See page 3

NAME:
[LAST] [FIRST] [M.I.]

ADDRESS:
(U.S.A.)

TELEPHONE: HOME: () BUSINESS: ()

EMAIL ADD: FAX: ()

PLACE OF BIRTH: DATE OF BIRTH: / /
DD MM YY

NATIONALITY AT BIRTH:

CURRENT NATIONALITY AND HOW OBTAINED: (if different from above):

PROFESSION:

PASSPORT NUMBER: PLACE OF ISSUE:

DATE OF ISSUE: / / DATE OF EXPIRATION: / /
DD MM YY DD MM YY

NAME AND NATIONALITY: FATHER: MOTHER:

PURPOSE OF TRAVEL:

INTENDED ARRIVAL DATE IN GAMBIA:

INTENDED LENGTH OF STAY:

DEPARTURE FROM GAMBIA:

ADDRESS IN THE GAMBIA:

PERSONAL/BUSINESS/GROUP TOUR:

DETAILS OF PREVIOUS VISIT(S):

DATE:

PURPOSE:

DATE:

PURPOSE:

REFERENCES IN THE GAMBIA:

NAME

ADDRESS

PHONE NO.

NAME

ADDRESS

PHONE NO.

SIGNATURE

DATE