

**Embajada de la República
De Guinea Ecuatorial en
Gran Bretaña**



**Embassy of the Republic
Of Equatorial Guinea in
Great Britain**

2 Pictures

APPLICATION FOR VISA

1. First Name: _____
2. Family Name: _____ Last Name: _____
3. Date of Birth: ____/____/____ (DD/MM/YYYY)
4. Place of Birth: City _____ Country _____
5. Do you possess another nationality? Yes ____ No ____
6. If Yes, Please provide your other nationality _____
7. Type of Passport: _____ Passport N° _____
8. Place and Date: _____ By: _____
9. Expiration Date: ____/____/____ (DD/MM/YYYY)
10. Address at your Country of Origin: _____
11. Current Address (If different): _____
12. Profession: _____
13. Occupation in current address: _____
14. Personal Phone: _____ Work Phone: _____
15. Marital Status: Single ____ Married ____ Divorced ____ Widow ____
16. Number of people traveling with you ____ If accompanied, provide your accompanying person's information and the type of relationship:

17. Reason of the trip: _____

18. Entity or person supporting your trip and stay in Equatorial Guinea:

(Attach your financial information)

19. Scheduled trip date to Equatorial Guinea: ____/____/____ (DD/MM/YYYY)

20. Border of entry to Equatorial Guinea: _____

21. Means of transportation: Plan ____ Ship ____ Car ____ Other ____

22. Schedule departure date from Equatorial Guinea: ____/____/____
(DD/MM/YYYY)

23. Address in Equatorial Guinea: Street _____ N° _____
District (City) _____ Province _____

24. Have you ever been in Equatorial Guinea? Yes ____ No ____

25. If Yes: Trip date ____/____/____ (DD/MM/YYYY) Places Visited

Reasons of your trip _____

26. Do you intend to work in Equatorial Guinea? Yes ____ No ____

27. If yes, provide your employer and your working permit information:

28. Do you have any relatives in Equatorial Guinea? Yes ____ No ____ If Yes,
provide your relatives information:

29. If you are an Equatorial Guinean resident, provide a copy of your valid Resident
Permit.

30. Have you previously been asked to leave Equatorial Guinea? Yes ____ No ____

31. If Yes, indicate the reasons:

32. Have you or have you had relations with or be part of an armed organization or
group that is involved in terrorist activities? Yes ____ No ____

33. Have you been convicted or been to court for some crime related to the traffic and consumption of drugs? Say When and where:

34. Have you been to court and convicted for other crime or crimes? Yes___ No___ in affirmative case, say who, when and where:

I CERTIFY: That I have read and understood all the questions contained in this application form and that the answers provided are accurate. In consequence, I understand that any falsehood, omission or misrepresentation might motivate the negation of the requested visa even if the falsehood was discovered after the visa has been issued to me. Furthermore, any misrepresentation or falsehood of the information provided might cause the cancellation of my visa and exercise of in force law for this offense.

Signature:

Date: ____/____/____

IMPORTANT NOTICE: This request must be submitted with the precedence of one week (7 days) by the petitioner. If presented by another person, it will have to contain, nevertheless, the signature of the person concerned as well as a written document authorizing the intermediary to submit the request in his name.

FOR THE USE OF THE EMBASSY/CONSULAR SERVICE ONLY

Granted Visa Number _____ Class _____ Date: ____/____/____

Authorized by virtue of _____

OBSERVATIONS _____

London, ____/____/____
*THE FIRST SECRETARY, IN CHARGE OF
CONSULAR AND ADMINISTRATIVE MATTERS*

Approved:
THE AMBASSADOR