For Official Use	A A SO
Visa No	
Type of Visa	
Date of Issue	
Charges	안 안 집 상태님, 당
Signature of Issuing Officer	

Photo

APPLICATION FOR GHANA ENTRY PERMIT / VISA

MISSION

INSTRUCTIONS

1.	This form must be completed in Quadruplicate and in Capital Letters and submitted (together with Four (4) recent Passport size
	pictures) within at least three (3) days before the intended date of departure .

2. Full names and Addresses of references in Ghana should be stated (including Telephone Number, if available).

3. Any information stated on the Form and subsequently found to be incorrect may render Entry Permit / Visa void .

4.	Applicants applying by post should provide self - Addressed stamped envelopes .

1.	(a) Surname	First Name (s)			
	Previous Name (if applicable)				
	(b) Date of Birth				
•		(e) Former Nationality (if any)			
		(g) Date of Issue			
	(h) Place of Issue				
2.	Profession / Occupation				
	(a) Business Address & Tel. No.				
3.					
	(b) Residential Address & Tel. No				
4.	Proposed Date of Departure for Ghana				
5.	(a) Travelling by : Air	Sea	Land		
0.	(b) Is applicant in Possession of return ticket ?				
	(c) Financial means at Applicant's disposal				
6.	Purpose of Journey : BusinessTourism	Employment	Official	Other (Specify)	
7.	Names & Addresses of two References in Ghana :				
	(i)				
	(ii)				
	If for Employment , Name & Address of Employer in Gl				
	Duration of Stay in Ghana				
	Date of Last Visit to Ghana				
11.	Applicant's Signature	Date of Applicat	ion		