

FOR OFFICIAL USE

Visa No.
Receipt No.
Type o Visa
Date of Issue
Charges
Signature of issuing Officer.....



APPLICATION FOR GHANA ENTRY PERMIT/ VISA

CONSULATE OF GHANA, PALISÁDY 31, 811 06 BRATISLAVA, SLOVAK REPUBLIC
TEL: (421) 2 210 205 12, FAX: (421) 2 210 205 13

INSTRUCTION:

- 1. The form must be completed in Quadruplicate CAPITAL LETTERS in English and submitted (together with four (4) recent passport-size pictures) within at least 1 month before the intended date of departure
- 2. Full names and Addresses of references in Ghana should be stated (including Telephone Number, if available) in section 7.
- 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) SurnameFirst name (s).....
Previous Name (if applicable)
- (b) Date of Birth(c) Place of Birth
- (d) Nationality(e) Former Nationality
- (f) Passport No.(g) Date of Issue
- (h) Place of Issue(i) Date of Expiry
- 2. Profession / Occupation
- 3. (a) Business Address & Tel. No.
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(b) Residential Address & Tel. No.
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- 4. Proposed Date of Departure for Ghana.....
- 5. (a) Travelling by: Air Sea Land Other.....
(b) Is applicant in possession of a return ticket? NO - YES Ticket No.
(c) Financial means at Applicants disposal
- 6. Purpose of Journey: Business Tourism Employment Official Other
- 7. Names & Addresses of two References in Ghana (including phone numbers)
(i)
.....
(ii)
.....
- 8. If for Employment, Name & Address of Employer in Ghana
- 9. Duration of Stay in Ghana
- 10. Date of Last Visit to Ghana.....
- 11. Applicants Signature1. Date of Application