

**REPUBLIQUE DU SENEGAL**

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**MINISTERE DES AFFAIRES ETRANGERES**  
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**AMBASSADE DU SENEGAL** .....

**VISA APPLICATION FOR SENEGAL**

(From one day to 90 days maximum)

(FILL OUT COMPLETELY BOTH SIDES - INCOMPLETE FORM WILL NOT BE PROCESSED)

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LAST NAME

FIRST NAME

INITIAL

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MAIDEN NAME .....

DATE OF BIRTH .....

AT .....

NATIONALITY .....

FAMILY STATUS .....

PRESENT ADDRESS .....

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TELEPHONE NO. ....

PROFESSION .....

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(Cross out inapplicable)

Passport NO. ....

EMPLACEMENT RESERVE A L'ADMINISTRATION

Date of issue .....

By whom .....

Date of Expiration .....

Transit to .....

One single entry .....

Multiple entries .....

Duration of Stay .....

From .....

To .....

1. Numéro du Visa .....

2. Genre de Visa .....

3. Date de Délivrance .....

4. Date d'expiration .....

5. Nbre d'entrées autorisées .....

6. Durée autorisée de chaque séjour .....

7. Eventuellement, référence de la réponse à la  
consultation préalable .....

Do you Travel alone .....

If not with whom .....

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Purpose of Journey .....

For Business Visa indicate partner (name and address) .....

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For Student Visa indicate reference of School or Academic Sponsor .....

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Date and Address of your last visit (when did you exit) .....

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With my signature I pledge my responsibility and I would be liable for legal prosecution by law in the case of a false statement which would prohibit the issuance of a visa in the future.

Washington, .....

(date)

(signature)

AVIS DU CHEF DE POSTE .....

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