FOR OFFICE USE ONLY							
VISA NO							
SIGNATURE OF CONTROLLING OFFICER							



VISA APPLICATION FORM

E.mail: consularghcuk@mission.gov.gy For help or information on VISAS or forms go

to: www.guyanahclondon.co.uk;

or call **0207 229 7684** 10am – 2.30pm Mon - Fri

COMPLETE ALL SECTIONS IN BLOCK CAPITALS. DO NOT WRITE ABOVE THIS LINE. USE BLACK INK

1.Title (as in passport)										
2. Surname (as in passport)										
3. First and Middle Name (as in passport)										
4. Other Names (maiden, profession, aliases)										
5 i. Date of Birth	ii. Place of Birth									
D D M M Y Y										
6. Nationality										
7 i. Passport Number	7 i. Passport Number ii Date of issue									
			D D M M Y Y							
iii. Place of issue			iv Date passport expires							
			D D M M Y Y							
8i. Home address (in full)			D D M M Y Y							
8i. Home address (in full)			D D M M Y Y							
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8i. Home address (in full) 9i. Home address (in full) 9i. Home telephone number		iii. How long resid	D D M M Y Y I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I<							
		iii. How long resid	dent at above address							
ii. Home telephone number			dent at above address							
	. .		dent at above address							
	. .		dent at above address							
ii. Home telephone number + 9i. Present occupation (if retired, p	. .		dent at above address							
ii. Home telephone number + 9i. Present occupation (if retired, p	Image: Sector of the sector		dent at above address							
ii. Home telephone number + 9i. Present occupation (if retired, p	Image:		dent at above address							

VISA IMMIGRATION SERVICE | VISA APPLICATION FORM | PAGE 2 BACK

10i. Sex	ii. Colour of Hai	ir			iii. Height				v. Colour of Eyes						
MF															
iv. Complexion vi. Identification Marks															
11. Marital Status			_	_	_	_									
Married Single Separated Divorced Widowed															
12. Have you ever ap	12. Have you ever applied for a Guyana Visa before? If "Yes":														
Where								When	D	DN	1 M	Y	Y		
13. Who will furnish	financial suppor	rt?													
14. With whom will y	ou stay in Guya	na?													
15. The address at w	hich you will sta	iy in Guyana		1 1									_		
									Π						
16. What is the purp	ose of your visit	?					17.	Have	/ou vis	sited G	uvana	befo	ore?		
					1 1					YES	Ė.	NO			
18. Do you intend to	work in Guvana	19. If (on busir	ness. na	me and	d addre	ess of	firm e	tc.						
YES NO												T			
				+ +								-			
20 i. Have you ever:															
(a) been afflicted with contagious diseases (e.g. tuberculosis) or serious mental illness? YES NO															
(b) been arrested, convicted for any offence or crime even though subject of a pa amnesty or other legal action?				rdon,		YES	1	0							
	-														
(c) been involved in narcotic activities?							YES	I	0						
(d) been deported from Guyana in the last five years?							YES	١	0						
(e) sought to obtain a visa by misrepresentation or fraud?						YES	N	00							
ii. If yes to any of the	e above please g	ive details													
21. WHEN ARE YOU D	UE TO ARRIVE IN	GUYANA?					22. HC			YOUIN			TAY?		
	YY							N	ONTH	S	D	AYS			
I certify that I have read and understood all the above questions and the answers I have given on this form are true and correct to the best of my															
knowledge and belief. I understand that possession of visa does not entitle															
the bearer to enter Guyana at a port of entry if he/she is found inadmissible.			AFFIX												
SIGNATURE OF APPLICANT DATE D D M M Y Y			PASSPORT SIZED												
						PHOTOGRAPH									
							HER	Е							
	isclose the purpose on will result in refu					of false									