FOR OFFICE USE ONLY						
VISA NO						
VALID UNTIL DD/MM/YY						
SINGLE S MULTIPLE M ENTRY						
DATE OF ISSUE DD/MM/YY						
SIGNATURE OF CONTROLLING OFFICER						

ICE
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VISA APPLICATION

For help or information on **VISAS** or forms

FORM

go to: www.guyanahc.com

or call **0207 229 7684** 10am - 5pm Mon - Fri

COMPLETE ALL SECIONS 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 Bi	rth							
D D / M M / Y Y									
6. Nationality									
7 i. Passport Number				ii Date of issue					
				D D / M M / Y					
iii. Place of issue				iv Date passport expires					
				D D / M M / Y					
8i. Home address (in full)				D D M M Y Y					
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8i. Home address (in full)									
8i. Home address (in full)									
8i. Home address (in full)									
8i. Home address (in full) ii. Home telephone number			iii. How lon	g resident at above address					
ii. Home telephone number	past occupation			g resident at above address					
ii. Home telephone number	past occupation			g resident at above address					
ii. Home telephone number	past occupation			g resident at above address					
ii. Home telephone number + 9i. Present occupation (if retired, p	past occupation			g resident at above address					
ii. Home telephone number + 9i. Present occupation (if retired, p	past occupation			g resident at above address					
ii. Home telephone number + 9i. Present occupation (if retired, p	past occupation			g resident at above address					

10i. Sex ii. Colour of Hair		iii. Height	v.Colour of	v.Colour of Eyes					
M F			CM						
iv.Complexion vi. Identification Marks									
11. Marital Status									
Married Single Separated Divorced Widowed									
12. Have you ever app	plied for a Guyana Visa before	?? If "Yes":							
Where				When D D	/ M M / Y Y				
13. Who will furnish	financial support?								
14. With whom will y	ou stay in Guyana?								
15. The address at wh	hich you will stay in Guyana								
16. What is the purpo	ose of your visit?		17	Have you visit	ed Guyana before?				
To. What is the purpe	Total Visit:			·	ES NO				
18. Do you intend to	work in Guvana 19. If o	n husiness, na	me and address o		25				
YES NO									
20 i. Have you ever:									
(a) been afflicted	with contagious diseases (e.g	. tuberculosis)	or serious menta	ıl illness? Y	ES NO				
	convicted for any offence or o	crime even tho	ugh subject of a _l	pardon, γ	ES NO				
amnesty or oth	ner legal action?								
(c) been involved i	in narcotic activities?			Y	ES NO				
(d) been deported from Guyana in the last five years?									
(e) sought to obtain a visa by misrepresentation or fraud?									
ii. If yes to any of the above please give details									
21. WHEN ARE YOU DUE TO ARRIVE IN GUYANA? 22. HOW LONG DO YOU INTEND TO STAY?									
D D / M M / Y	/ Y			MONTHS	DAYS				
	read and understood all the								
swers 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 po	ort of entry if he/she is found	inadmissible.			AFFIX				
SIGNATURE OF APPLICANT DATE DD/MM/YY PASSPORT SIZED									
				PHO	TOGRAPH				
					HERE				
	sclose the purpose of applying for a n will result in refusal of entry or e								