

FOR OFFICIAL USE ONLY

Visa No. _____
Type of Visa _____
Date of Issue _____
Charges _____
Signature of Issuing Officer _____

PLEASE CHECK ONE:

- Single Entry
- Multiple Entry
- Single Entry (RUSH)
- Multiple Entry (RUSH)

AFFIX
PASSPORT
PICTURE
HERE



Application for Ghana Entry Permit/Visa
Consulate Republic of Ghana, Arkansas / Delta Region USA

1323 South Broadway Street, Little Rock, Arkansas 72202 / Tel: +001 (501) 260-7253

Instructions:

1. This form should be in duplicate and in capital letters and submitted together with (1) passport picture
2. Full names and addresses of two references with telephone numbers in Ghana
3. Any information stated on this form found to be incorrect will render your application void and all fees paid are non-refundable
4. Applicants applying by mail must provide a Self-Addressed-Stamped envelope with the US Mail or FedEx
5. No cash or personal checks accepted

1. (a) Surname _____ First Name(s) _____
Previous Name (if applicable) _____
(b) Date of Birth _____ c) Place of Birth _____
(d) Nationality _____ e) Former Nationality (if any) _____
(f) Passport No. _____ g) Date of Issue _____
(h) Place of Issue _____ (i) Date of Expiration _____
2. (a) Professional Occupation _____ (b) Business Name _____
(c) Business Address _____ (d) Business Tel. No. _____
3. (a) Residential Address _____
(b) Email _____ (c) Home Tel. No.: _____ (d) Cell No. _____
4. (a) Proposed Date of Departure _____ (b) Purpose of Trip: Business Tourism Employment Official
(c) Traveling by: Air Sea Land (d) Is applicant in possession of return ticket? Yes No
(e) Ticket No. _____ (f) Financial means at applicant's disposal _____
5. Two (2) in-Ghana references are required:
(1) Name _____ Tel No. _____
Address _____
(2) Name _____ Tel No. _____
Address _____
6. If for employment, (a) Company Name _____ N/A _____ (b) Company Tel no. _____ N/A _____
(c) Company Address _____ N/A _____
7. (a) Duration of Stay in Ghana _____ (b) Date of Last Visit to Ghana (if applicable) _____
8. (a) Applicant's Signature _____ (b) Date of Application _____