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EMBASSY OF RWANDA
1875 Connecticut Avenue, NW Suite 418
Washington, D.C., 20009
Tel: (202) 232-2882/3/4
Fax: (202) 232 - 4544

Visa Application Form

1. Visa applied for: Transit: Business: Tourism Other:

2. Date of entrance No of entries:..... Length of stay.....

3. Surname:..... Forenames:.....

4. Date and place of birth:.....

5. Nationality at birth:.....

6. Marital Status: Single: Married: Divorced:

7. Name of spouse.....Nationality.....

8. Date and place of birth of spouse:.....

9. Applicant permanent address:.....

10. Occupation:.....

11. Employer and address:.....

12. Telephone: Office:..... Home:..... E-mail:.....

13. Passport number:.....

14. Name of the institution that issued the passport:.....

15. Date of issue:..... Date of expiry:.....

16. Mother's maiden name:.....

17. Date of your last visit to Rwanda:.....

18. Reason for your present journey:.....

19. Address, telephone/fax contact during your stay in Rwanda:.....

20. Name of children accompanying D.O.B Gender

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I hereby confirm that all information provided is the best of my knowledge.

Signature:..... Date:.....

Please do not write below this line (Official use only)

Visa no:..... Valid form:..... To:..... No of entries.....

Date of issue:..... Receipt no:..... Signature:.....

