



EMBASSY OF THE KINGDOM OF LESOTHO

VIA SERCHIO, 8 - 00198 ROME, ITALY

FAX: 06 8542527 - TEL.: 06 8542496119

Lesotho-Rome Visa Office

NO.:

Entry Visa Application Form

Names in full: Family Name:

Former Name: Present Nationality:

Date and place of birth: Sex:

Marital Status (Single, married, divorced):

Children included in applicant's passport and accompanying her/him

Relation	Date of birth	Sex	Name in full
1
2
3

Present Address:

Tel. No:

Permanent Address:

Profession/Occupation:

Reason for visit:

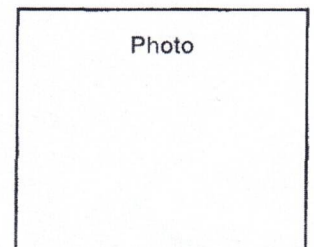
Required Period: from: to:

Address in Lesotho:

Passport No: Issued at: Issued on:

Valid until:

Applicant's signature: Date:



FOR OFFICIAL USE ONLY

Officer's Signature

Remarks

Date:

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