Jamhuuriyadda Federaalka Ee Soomaaliya Hay'adda Socdaalka iyo Jinsiyadda Waaxda Ajaanibta, Dalku joga iyo Dal-kugalka



جمهورية الصومال الفيدرالية إدارة الهجرة والجنسية قسم الأجانب والتأشيرات

SOMALI FEDERAL REPUBLIC IMMIGRATION AND CITIZENSHIP AGENCY

VISA APPLICATION FORM (PART ONE) Visa applied for: Entry/Transit / Tourist / work.-Resident-Perma nent COLOURED РНОТО Education/ multiple/ Special visa Length of stay: A-PERSONAL INFORMATION 1. Given name(s) (As shown in your passport) 2. Family name(s) (As shown in your passport) 3. Other name(s) (including other names You are known by and/or other names that you have been known by) 4. Gender: put a tick $(\sqrt{\ })$ in the relevant box Male Female 5. Date of Birth 6. Place of Birth Day Year District Country 7. Nationality of Birth **B) DOCUMENTS INFORMATION** Types of Passport: Ordinary Service Diplomatic Others Passport NO: b) Nationality d) Expire date c.) Issued Date Day Month Year Day Month Year C) MARITAL STATUS: put a tick ($\sqrt{\ }$) in the relevant box 1. Married Widow Never Married/Single Divorced 2. Name of Spouse Spouse Nationality 3. Place of birth Month

Day

Year

| 4. Present address of spouse |
|---|
| d) EMPLOYMENT INFORMATION |
| 1. Field of employment 2. Occupation |
| 3. Employer 4. Contact info |
| E) PERSONAL ADDRESS |
| 1) Physical address |
| b) Permanent address c) Temporary address |
| d) E-mail: e) Telephone: |
| (PART TWO) 1. Previous visits or stay in Somalia, and time of stay Yes No |
| If Yes Detail |
| 2. Previous stays in Africa, places, and dated Yes No |
| If Yes Detail |
| 3. Reason for visa application |
| 4. Proposed area to visit |
| a) Places |
| b) Person to meet Contact |

| a) Name | b) Name |
|--|------------------------------|
| Gender: Male Female | Gender: Male Female |
| Date of birth: Day Month Year | Day Month Year |
| c). Name | d). Name |
| Gender: Male Female | Gender: Male Female |
| Date of birth: Day Month year | Date of birth Day Month Year |
| I hereby certify that all information is correct | |
| Signature of applicant | |
| For official use only | |
| signed at | |
| | Day Month Year |
| | |

G) DEPENDENT INFORMATION