

REPUBLIC OF SOMALILAND

**Ministry of Interior
Immigration Department
Head Quarter,
Hargeisa,
Somaliland**

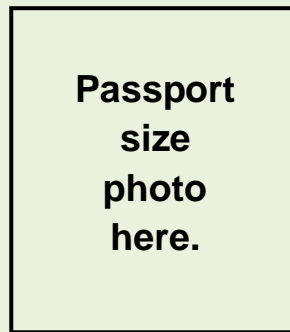


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VISA APPLICATION FORM



This form must be fully completed in English using blue or black ink and Capital Letters. *Please attach one (1) passport size photograph.*

Type of visa required: *Put a cross (x) in the relevant box.*

Tourist Business Other (*please specify*)

What is the purpose of your visit to Somaliland?

How long will you stay in Somaliland?

Travel Dates:

Arrival Date?

D	D	M	M	Y	Y	Y	Y
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Departure Date?

D	D	M	M	Y	Y	Y	Y
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Part 1

Personal Details

1.1 Given Names (as shown in your passport)

1.2 Family name (as shown in your passport)

1.3 Other names (include all previous names used)

1.4 Sex (Put a cross (x) in the relevant box)

Male

Female

1.5 Current Occupation

1.6 Previous Occupation

1.7 Marital Status (Put a cross (x) in the relevant box)

Single

Married

Divorced/Separated

Widowed

1.8 Date of Birth

1.9 Place of Birth

1.10 Country of Birth

1.11 Nationality

Part 2

Your Contact Details

2.1 Give your residential address

Post Code:

2.2 Details of contact person, address and telephone in Somaliland

2.3 Home (landline) phone contact

2.4 Mobile phone contact

2.5 Email address contact

Part 3 **Passport Information**

3.1 Your Current Passport Number

3.2 Place of issue

3.3 Issuing Authority

3.4 Date of issue

D	D	M	M	Y	Y	Y	Y
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3.5 Date of Expiry

D	D	M	M	Y	Y	Y	Y
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3.6 Other persons travelling on your Passport

No Yes

If 'Yes' please provide details in the box below.:

Name	Date of Birth	Sex

Part 4 **Previous Applications**

4.1 Have you travelled to Somaliland in the past years?

No Yes

If 'Yes' please provide details in the box below.

Date	Destination	Purpose	Duration

Part 5 **Declaration**

The information I have given in this form is complete and true to the best of my knowledge and the attached photograph is a true likeness of me.

Applicant Signature

Date

Sponsor / Contact Signature

Date

For Official use only:

Visa Fee Rcvd

Dispatch Date:

Recorded Del No:

Authorising Officer:

Remarks:
