

**IMMIGRATION DEPARTMENT OF THE KINGDOM OF SWAZILAND
(EMBASSY OF THE KINGDOM OF SWAZILAND-WASHINGTON, D.C.)**

NO.....

Surname.....Christian (or First) Names.....

Former Name.....Present Nationality.....
(If different from above)

Date and Place of Birth.....Sex.....

(a) Port of Entry.....on.....Coming from.....

(b) Mode of Transport.....

Names, dates and places of birth of minor children if accompanying you:

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Present Address:.....

(c) Telephone No:.....

(d) E-mail:.....

(e) Permanent Address:.....
(If different from above)

Marital Status (Married, Single, Divorced).....

Date of Previous visits to Swaziland (if any):.....

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Occupation, specifying post currently held.....

Reason for Journey.....

Proposed duration of stay.....

Financial means at applicant's disposal for proposed visit.....

REFERENCES IN THE KINGDOM OF SWAZILAND

(1).....(2).....

Passport No.....Issued at.....On.....

Valid Until.....Return Visa to.....Valid Until.....

Date.....Signature.....