APPLICATION FOR A VISA



-		(UE)
File Number:	REPUBLIC OF BOTSWANA	HSTM.
	IMMIGRATION ACT	
	(Cap. 25:02)	HSTM.CO
1. Name (in full):	(Regulation 6(1))	
Surname:	Please use block letters and black ink only	
		Photo
First Name:		3cm x 4cm
Middle Name:		
Previous/Maiden Surname:		
2. Age: Date of Birth:		
Y Y Y D D M M Y Y Y	Y	
Country of Birth:		
Place of Birth:		
Sex: Male Female Mai	ital Status: Single Married Divorced Separated	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
iviale lifetiale livial	ital Status: Single Married Divorced Separated	Widowed
2. Notionality (atota name of accepts).		
3. Nationality (state name of country):		
(a) Type of Visa required	4. (b) Number of Entries	
Ordinary Continuous Transit	Single Multiple	
5. Address in Botswana:		
Town/Village:		
Street/Ward:	Plot/House No:	
. Address in Country of Domicile:		
Country:		
Town/Village:		
Street/Ward:	Plot/House No:	
		,
. Occupation:		
Qualifications:		
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. Proposed Length of Stay on whether traveling in	transit without break of journey: days.	
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9. Reasons in full for wishing to travel to the Republic of Botswana (Satisfactory evidence will be required as to the object of the proposed journey. Employees of firms or persons acting on behalf of firms must produce certificates from their employers as to the nature and physical address of the business on which they are proceeding abroad. Bankers reference may be required):

0. Requested Validity Period of Visa From: D D M M Y Y	To: D D M M Y Y Y Y
11. References in Country of Destination (with Names, Physical Addres	ss, Telephone No, Residence Permit No, ID No):
(1)	(2)
12. Please indicate what money or cash (amount) will be at your dispos	R Other:
13. Particulars of Passport or other travel documents which should be something. Number: Place	submitted with this Application. of Issue:
Date of Issue: Date of Expiry: D D D M M Y Y Y Y Return Visa to:	
4. Preferred method of communication:	D D M M Y Y Y
E-mail	
SMS Cell phone Number:	Telephone Number:
Present Postal Address: Country: Town/Village: Post Office Location:	P.O. Box/P. Bag :
I DECLARE that the above particulars given by me are true in substa	ince and in fact.
Date: Signature of Application D D M M Y Y Y Y	ant:

AT LEAST FOURTEEN DAY'S NOTICE should be given for each application.

NOTE: Any visa granted on this application will be subject to compliance with the Immigration Regulations of the Republic of Botswana.