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EMBASSY OF THE REPUBLIC OF SIERRA LEONE – KINGDOM OF SAUDI ARABIA

VISA APPLICATION FORM

VISA APPLICATION FOR SINGLE ENTRY () OR MULTIPLE ENTRIES ()

Surname: _____ First Name: _____ Middle Name: _____

Sex: _____ Marital Status: _____ Telephone no.: _____

Home Address: _____

Place of Birth: _____ Date of Birth: _____ Occupation: _____

Nationality at Birth _____ Current Nationality: _____

Employer's Name and Address: _____

Passport Type: _____ Passport no.: _____ Place of Issue: _____

Expiration Date: _____ Purpose of Visit: _____

Proposed Date of Arrival: _____ Duration of Stay: _____

Name and Phone Number of Reference in Sierra Leone: _____

Proposed Address in Sierra Leone: _____

Vaccination Certificate Date and Number for Yellow Fever: _____

Bank Reference (If None, Proof of Sufficient Means of Sustenance): _____

Signature of Applicant: _____ Date: _____

FOR OFFICAL USE

APPROVING OFFICER: _____ SIGNATURE: _____ DATE: _____

FEE: _____ VISA NO.: _____ GENERAL RECEIPT NO. _____