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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Submitted: |  | |  | Received By: | |  | | |  |
|  | |  |  |  |  | |  |  |  |
| Application Received Via: | | Email | X | Postal Mail |  | | 3rd Party, Delivered |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicants Name: | |  | | |  | National: |  |
| Status: | VISITOR (90 Days max) | | Travel Dates: |  | | | |
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|  | REQUIREMENTS | | COMMENTS/PENDING MATTERS |
| 1. |  | Application(s) (completed, signed and dated) |  |
|  |  |  |  |
| 2. |  | Passport (clear color copy & valid 6 mons +) |  |
|  |  |  |  |
| 3. |  | Police Clearance |  |
|  |  | * within 3 mons from date of application * from National Police (renewals ONLY) |  |
|  |  |  |  |
| 4. |  | Medical Clearance |  |
|  |  | * within 3 mons from date of application * MUST include HIV/Aids and TB |  |
|  |  |  |  |
| 5. |  | Travel Itinerary – Confirmed Roundtrip or Onward |  |
|  |  |  |  |
| 6. |  | Travel Accommodation – Confirmed Hotel Booking or; |  |
|  |  | * IF staying with friends or relatives, submit copy of passport for a primary contact including contact information |  |
|  |  |  |  |
| 7. |  | Letter indicating purpose and duration of visit (Self Tourist) |  |
|  |  |  |  |
| 8. |  | Letter indicating, 1) Purpose of visit, 2) Duration and 3) Guaranteed Responsibility from these primary contacts;   * Gov’t Focal Point, Business Associate, Friend or Relative of whom applicant is visiting | Not Applicable |
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|  |  |  |  |
| 9. |  | Prescribed Fee(s) – Receipt |  |
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| COMMENTS/NOTES: |

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| Prepared & Reviewed by: |  |  | Date: |  |
| Reviewed & Approved by: |  |  | Date: |  |