



EMBASSY OF THE REPUBLIC OF LIBERIA

ABUJA, FEDERAL REPUBLIC OF NIGERIA

PLOT 352 CADASTRAL ZONE AO, INDEPENDENCE AVENUE, NEAR UN HOUSE, CENTRAL BUSINESS DISTRICT, ABUJA, FCT



VISA APPLICATION FORM

INSTRUCTIONS

Please print or type your answers and submit this form with four recent passport-size pictures at least one (1) week before your intended date of arrival.

1. (a) Surname: _____ First Name _____ Middle Name _____

Previous Name (s) (if applicable) _____

(b) Sex: M () F ()

(c) Date of Birth _____ Place of Birth _____
MM / DD / YY

(d) Nationality _____ (e) Former Nationality (if any) _____

(f) Passport No. _____ (g) Date of Issue _____

(h) Place of Issue _____ (i) Date of Expiration _____ / _____ / _____
MM / DD / YY

2. Profession/Occupation _____

3. (a) Business Address _____

(b) Residential Address _____

(c) Telephone Number _____ Email Address _____

4. Proposed Date of Departure to Liberia _____ / _____ / _____
MM DD YY

(a) Traveling By: Air () Sea () Land ()

(b) Do you have your return ticket? Yes () Ticket No. _____ No ()

(c) What is your financial means of support? _____

5. Purpose of Travel: Business () Tourism () Employment () Official () Other () Please specify _____

6. If you are traveling for employment, please state name and address of employer in Liberia _____

7. Please provide the name, address and telephone number of a contact in Liberia _____

8. Expected duration of stay in Liberia _____

9. Date of last visit to Liberia _____

The above information is accurate to the best of my knowledge. I understand that any false information provided on this form may cause a rejection of the visa I am applying for.

Name _____ Signature _____ Date / /
MM/ DD/ YY

*If this form was completed by another person on behalf of the applicant, please indicate.

Name _____ Signature _____ Date / /
MM/ DD/ YY

<u>For Official Use</u>	Remark(s)
Visa No _____	-----
Date of Issue _____	-----
Signature of Issuing Officer _____	-----