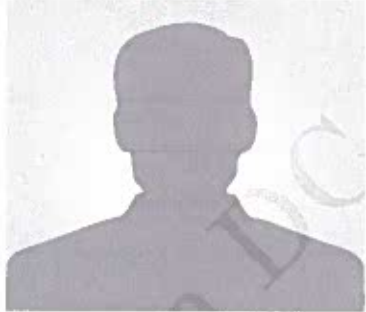




# Application for Ghana Entry Permit/Visa

Embassy of Ghana Washington DC. **REGULAR SERVICE**

<b>For Official Use Only</b>		Attach recent passport size photograph here 	
Visa No.: _____ Type of Visa: _____ Date of Issue: _____ Issuing Officer: _____ Charges: _____ <i>Applicants applying for single Single Entry Visas are advised to submit their application fourteen(14) business days prior to their date of Travel</i>			
<input checked="" type="checkbox"/> Single Entry \$60.00 <input type="checkbox"/> Multiple Entry \$100.00 <b>NO PERSONAL CHECKS / NO CASH</b>		<b>FILL WITH BLACK INK ONLY</b> 1. The form must be completed in block/ capital letters and submitted together with two(2) recent passport size photographs.	
<b>1. Personal Information</b>		<b>2. Passport Information</b>	
a. Surname /Last Name ALL CAPS - EXACT NAME ON YOUR PASSPORT		a. Passport Number FILL IN	b. Date of Issue FILL IN
b. First Name(s) ALL CAPS	d. Middle Name	c. Place of Issue ALL CAPS	e. Date of Expiry FILL IN
c. Previous Name (if applicable)		3. Name and Address of Employer/School (USA)	
e. Date of Birth FILL IN	f. Place of Birth ALL CAPS	a. Profession/Occupation ALL CAPS	
g. Nationality ALL CAPS	h. Former Nationality (if any)	NOTE: If retired or currently unemployed, please state the address and telephone number of last/previous employer.	
<b>4. Residential Address</b>		b. Street/Mailing Address:	
a. Street/ Mailing Address: ALL CAPS		<b>JOB ADDRESS-ALL CAPS</b>	
b. City: ALL CAPS	c. State ALL CAPS	d. Zip Code: FILL IN	e. Zip Code: FILL IN
e. Home Phone No.: FILL IN		f. Telephone Number: FILL IN	
f. Cell Phone No. FILL IN		Your Email Address: ALL CAPS	
g. Emergency Contact Person: (Full Name) ALL CAPS			
h. Contact Person's Phone No. FILL IN	i. Relationship ALL CAPS		
Applicant's intended date of travel AUGUST 13-22, 2019		Is applicant in possession of roundtrip ticket? NO	
Amount of money Applicant is travelling with \$500 MAX (Simone recommends)		If (yes) Indicate ticket number: _____	
Traveling by: <input checked="" type="checkbox"/> Air		<input type="checkbox"/> Sea <input type="checkbox"/> Land	



# Application for Ghana Entry Permit/Visa

Embassy of Ghana Washington DC

Purpose of Journey:

Business  Tourism  Employment  Official  Transit  Student  Other

## 5. Name, Address and Telephone Number of Lodging place/Contact Person/s in Ghana

a. Name of Hotel/Guest House in Ghana <b>FIESTA RESIDENCES</b>		f. Contact Person in Ghana, Name and Address <b>NONE</b>	
b. Street (Mailing address) <b>Fifth Ave Ext - West Cantonments</b>		g. Street(Mailing address)	
c. City/Town <b>Accra</b>	d. Region <b>Accra - Ghana</b>	h. City/Town	i. Region
e. Telephone Number 233 302 744 000		j. Tel. Number:	

## 6. If you select employment, indicate name and address of employer in Ghana

a. Name of Employer <b>NONE</b>		
b. Address/P .O Box:		
c. City/Town	d. Region	e. Telephone Number

## 7. Duration of stay in Ghana

9 DAYS

## 8. Date of last visit to Ghana

FILL IN IF APPLICABLE

## 9. For Tourism, list at least two(2) areas of interest, or indicate in writing purpose of journey if you selected Other

CAPE COAST CASTLE

WEB DUBOIS PAN AFRICAN CENTER

Applicant's Signature:

Date of Application:

BE SURE TO SIGN YOUR NAME AS IT APPEARS ON YOUR PASSPORT

ALL CAPS

### For mailing:.. Use Address Below:....

**Visa Processing Center  
Embassy of Ghana  
3512 International Drive NW  
Washington DC. 20008**