**REPUBLIC OF SOMALILAND**

## Somaliland Mission Sweden

 **Karlavägen 5**

 **114 24 Stockholm**

**Website:** [**http://www.slemb.se**](http://www.slemb.se) **Email:** **zakaria.waes@slemb.se** **Tel:** 070-777 05 03

# VISA APPLICATION FORM

**Affix photo here.**

This form must be fully completed in English using blue or black ink and Capital Letters. *Please attach one (1) passport size photograph.*

**Type of visa required:** *Put a cross (x) in the relevant box.*

|  |  |  |
| --- | --- | --- |
| Single |  | Multiple |

*Purpose of visit*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tourist |  | Business |  | Other (*please specify*) |

What is the purpose of your visit to Somaliland? How long will you stay in Somaliland?

## Travel Dates:

**Arrival Date Departure Date**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** |  | **M** | **M** |  | **Y** | **Y** | **Y** |  |  | **D** | **D** |  | **M** | **M** |  | **Y** | **Y** | **Y** | **Y** |

**Part 1**

**Personal Details**

**1.1 Given Names** (*as shown in your passport*) **1.2 Family name** (*as shown in your passport*)

**1.3 Other names** (*include all previous names used*) **1.4 Sex** (*Put a cross (x) in the relevant box*)

|  |  |  |
| --- | --- | --- |
| Male |  | Female |

## 1.5 Current Occupation 1.6 Previous Occupation

* 1. **Marital Status** (Put a cross (x) in the relevant box)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Single |  | Married |  | Divorced/Separated |  | Widowed |

## Date of Birth

**Day Month Year 1.9 Place of Birth**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D | D |  | M | M |  | Y | Y | Y | Y |

**1.10 Country of Birth 1.11 Nationality**

**Part 2**

**Contact Details**

**2.1 Give your residential address 2.2 Details of contact person, address and telephone in Somaliland**

**Post Code:**

2.3 Home (landline) phone contact 2.4 Mobile phone contact

2.5 Email address contact

**Part 3**

**Passport Information**

3.1 Your Current Passport Number 3.2 Place of issue

3.3 Issuing Authority 3.4 Date of issue

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D | D |  | M | M |  | Y | Y | Y | Y |

* 1. **Date of Expiry**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D | D |  | M | M |  | Y | Y | Y | Y |

* 1. **Other persons travelling on your Passport**

No Yes

**I** *If ‘Yes’ please provide details in the box below.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Sex** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Part 4**

**Previous Applications**

*Date*

*Destination*

*Purpose*

*Duration*

**4.1 Have you travelled to Somaliland before?** Yes

*If ‘Yes’ please provide details in the box below.*

No

**Part 5**

**Declaration**

***The information I have given in this form is complete and true to the best of my knowledge and the attached photograph is a true likeness of me.***

## Applicant Signature Date

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D | D |  | M | M |  | Y | Y | Y | Y |

For Official use only:

|  |  |  |  |
| --- | --- | --- | --- |
| **Visa Fee Rcvd** |  | **Issue Date:** | **Recorded Del No:** |

Authorising Officer:

Remarks: