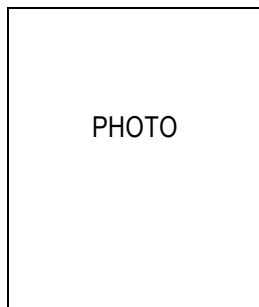


REPUBLIC OF RWANDA



EMBASSY OF THE REPUBLIC OF RWANDA IN THE NETHERLANDS



VISA APPLICATION FORM

1. Family name (as in passport)		2. Middle name		FOR OFFICIAL USE ONLY  Date of application:
3. First name(s) (as in passport)		4. Date of birth (year-month-day)		
5. ID-number		6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Place of birth City : .....		8. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> Other		
Country.....				
9. Citizenship at birth		10. Current citizenship		
11. Father's full name		12. Mother's full name		Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Invitation letter <input type="checkbox"/> Hotel booking <input type="checkbox"/> Recommendation letter <input type="checkbox"/> Copy of hosts ID <input type="checkbox"/> Itinerary Other:
13. Type of passport <input type="checkbox"/> Ordinary Passport <input type="checkbox"/> Diplomatic Passport <input type="checkbox"/> Service Passport		<input type="checkbox"/> Travel Document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Other (please specify).....		
14. Passport number	15. Issue and expiry date	16. Place of issue		
17. If you are resident in a country other than your country of origin, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity) .....				
18. Current profession		Current occupation		

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19. Present work address		Telephone/ Fax Number		<b>Type of Visa:</b> <input type="checkbox"/> Single Entry <input type="checkbox"/> Transit <input type="checkbox"/> Tourist <input type="checkbox"/> Business <input type="checkbox"/> Work <input type="checkbox"/> Education <input type="checkbox"/> Other  ..... ..... .....  <b>Valid</b> <b>From:</b> ..... <b>To:</b> .....
		E-mail address		
20. Applicant's home address		Telephone number		
		E-mail address		
21. Type of Visa: <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay		22. Number of entries requested <input type="checkbox"/> Single Entry <input type="checkbox"/> Multiple entry		
23. Duration of stay (Number days):..... days				
24. Have you ever been denied a visa to Rwanda or anyother African country? <input type="checkbox"/> No <input type="checkbox"/> Yes - When..... Where.....				
25. Have you ever been deported from or requested to leave Rwanda or anyother African country ? <input type="checkbox"/> No <input type="checkbox"/> Yes - When..... Where.....				
26. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: ...../...../..... Issuing Authority:.....				
27. Purpose of travel <input type="checkbox"/> Official <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Private visit (family or friends) <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify) ..... .....				
28. Date of arrival ...../...../.....		29. Date of departure ...../...../.....		
30. Point of first entry or transit route		31. Means of transport		
32. Who is paying for your trip and costs of living during your stay in Rwanda? <input type="checkbox"/> Myself <input type="checkbox"/> Host person(s) <input type="checkbox"/> Company (State who and how) ..... .....				
33. Name and contacts of host or company in Rwanda. If not applicable, give name of hotel or temporary address in Rwanda. Names.....  Physical address.....  Telephone.....  E-mail address.....				

<b>34. Means of support during your stay</b> <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's Cheque <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation <input type="checkbox"/> Other:..... <input type="checkbox"/> Travel and/or health insurance. (optional) Valid until:.....			
<b>35. Spouse (If applicable)</b>			
Family name		Nationality	
Middle name		Date of birth	
First name		Place of birth	
<b>36. Accompanying children (Application must be submitted separately for each passport)</b>			
	<b>Family Name</b>	<b>First name</b>	<b>Date of birth</b>
1			
2			
3			
4			
<b>37. I certify that I have read and understood all the questions set forth in this application form and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that possession of a visa does not automatically entitle me to enter the Republic of Rwanda.</b>			
<b>38. Place and date</b>		<b>39. Signature (for minors, signature of custodian /guardian)</b>	