



**Ambassade de la République Démocratique du Congo
près le Royaume-Uni**

45-49 Great Portland Street, London W1W 7LD
Tél. : +(44) (0) 20 7580 3931 – Fax : +44 (0) 20 7580 8713
Email : chancellerie@ambardc-londres.gov.cd
www.ambardc-londres.gov.cd

ATTACHEZ
PHOTO
PASSEPORT

VISA FORM - FORMULAIRE DE DEMANDE DE VISA

Applicant must be resident of one of the countries listed below:

1. United Kingdom of Great Britain and Northern Ireland
2. Kingdom of Norway
3. Republic of Ireland
4. Republic of Finland
5. Australia
6. New Zealand

COMPLETE IN CAPITAL LETTERS

FOR OFFICAL USE

DS YES NO
Catégorie:.....
Taxe:.....Receipt n°...../...../.....
N° 132.46/.....
Durée. Nombre d'Entrées

Before filling this form, please ensure you have all the required documents as there will not be refund if your application is declined.

| | | | | |
|--|--------------------------------------|---------------------------------------|--------------------------------------|---------------------------------|
| 1. Surname (as in Travel Document)/Nom de famille → | | 1-##### | | |
| 2. Forename(s) (as in Passport)/ Prénom → | | 2-##### | | |
| 3. Other Names(s) (maiden, or name at birth)/ Autre nom → | | 3-##### | | |
| 4. Date of Birth → | 4 | 5. Place of birth → | 5- | |
| 6. Gender → | 6- | 7. Personal status /Etat Civil → | 7- | |
| 8. Will you be accompanied by your spouse and/or members of your family to DR Congo? → | | 8- | | |
| If YES, please give the relevant -Name(s)/ Date(s) of birth /Nationality /Relationship to you: | | | | |
| 8A- | | | | |
| 8B- | | | | |
| 9. Status of residence → | 9- | | | |
| 10. Type of Travel Document → | 10- | 11. Travel Document/Passport Number → | 11- | |
| 12. (i) Date of issue | (ii) Date of expiry | (iii) Place of issue | | |
| 13. Previous Nationality → | | 13- | 14. Current Nationality → | |
| 15. (i) Father's Name → | 15- | (ii) Father's Nationality → | | |
| (iii) Mother's Name → | | (iv) Mother's Nationality → | | |
| 16. (i) Present address → | 16- | | | |
| (ii) Day time contact number /Mobile → | | (iii) Mobile → | | |
| 17. (i) Presently employed? → | 17- | Occupation → | | |
| (ii) Place of Employment/Educational Institution (in country of Residence) → | | | | |
| 18. Main Destination | 19. Type of visa (Ordinary-Transit): | 20. Duration of Visa (1-2-3-6 Months) | 21. Entries required (1- Multiple) | |
| 18- | 19- | 20- | 21- | |
| 22. Purpose of the journey → | 22- | 23. Date of Entry into DR CONGO → | 23- | |
| 24. Address of destination DR CONGO (in detail) → | | 24- | | |
| # / (3+ 21 (.....)) | | | | |
| 25. Evidence of financial means → | | 25- | | |
| 26. REFERENCE IN THE DEMOCRATIC REPUBLIC OF CONGO | | | | |
| (i) Names → | 26- | (ii) Nationality → | | |
| (iii) Occupation → | | (iv) Telephone → | | |
| (v) Business address → | | | | |
| (vi) Personal address → | | | | |
| 27. Previous applications for DR CONGO visa | | | | |
| (i) When did you apply for? | (ii) Was the visa issued? | (iii) Did you travel to DRCONGO? | (iv) When did you arrive in DRCONGO? | (v) When have you left DRCONGO? |
| 27-##### | ##### | ##### | ##### | ##### |
| Please give the FULL address of the place | | | | |

MY SIGNATURE BINDS AND MAKES ME LIABLE TO PROSECUTION IN CASE OF FALSE STATEMENTS AND CAN LEAD TO MY APPLICATION BEING REJECTED OR CANCELLATION OF VISA ALREADY GRANTED

DATE

SIGNATURE