

APPLICATION FOR A VISA



REPUBLIC OF BOTSWANA
IMMIGRATION ACT
(Cap. 25:02)
(Regulation 6(1))

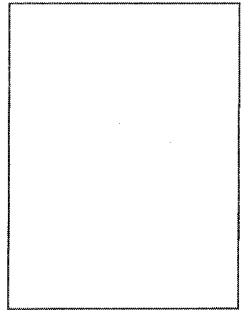


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1. Name (in full):
 Surname: _____
 First Name: _____
 Middle Name: _____
 Previous/Maiden Surname: _____

2. Age: Date of Birth:

Y	Y	Y

D	D	M	M	Y	Y	Y	Y

Country of Birth: _____

Place of Birth: _____

Sex: Male Female Marital Status: Single Married Divorced Separated Widowed

3. Nationality (state name of country):

4. (a) Type of Visa required 4. (b) Number of Entries

Ordinary Continuous Transit Single Multiple

5. Address in Botswana:

Town/Village: GABORONE

Street/Ward: GRAND PALM HOTEL AND CASINO RESORT Plot/House No: _____

6. Address in Country of Domicile:

Country: _____

Town/Village: _____

Street/Ward: _____ Plot/House No: _____

7. Occupation: _____

Qualifications: _____

8. Proposed Length of Stay on whether traveling in transit without break of journey: _____ days.

9. Reasons in full for wishing to travel to the Republic of Botswana
 (Satisfactory evidence will be required as to the object of the proposed journey. Employees of firms or persons acting on behalf of firms must produce certificates from their employers as to the nature and physical address of the business on which they are proceeding abroad. Bankers reference may be required):
The Botswana Judo Federation, will be hosting the African Junior and Cadet Championships over the period 2-7 October 2012. The purpose of the visit is to participate in the Championships

10. Requested Validity Period of Visa From: **30-09-2012**
D D M M Y Y Y Y

To: **29-10-2012**
D D M M Y Y Y Y

11. References in Country of Destination (with Names, Physical Address, Telephone No, Residence Permit No, ID No):

(1) Botswana Judo Federation President: Botswana Judo Federation Ms. Estony Hattingh Plot 37901 Block 6 Gaborone Botswana +267 71648811 +267 391 2537 RP Number: 1281/2008/ser	(2)
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12. Please indicate what money or cash (amount) will be at your disposal during your visit:
USD EUR ZAR Other:

13. Particulars of Passport or other travel documents which should be submitted with this Application.
Number:
Place of Issue:
Date of Issue:
Date of Expiry:
Valid Until:
Return Visa to:

14. Preferred method of communication:
E-mail
SMS Cell phone Number: Telephone Number:
Post Present Postal Address:
Country:
Town/Village: P.O. Box/P. Bag :
Post Office Location:

I DECLARE that the above particulars given by me are true in substance and in fact.

Date:

Signature of Applicant:

AT LEAST FOURTEEN DAY'S NOTICE should be given for each application.

NOTE: Any visa granted on this application will be subject to compliance with the Immigration Regulations of the Republic of Botswana.