For Official Use Only:

File Number:

APPLICATION FOR A VISA

Form 1

REPUBLIC OF BOTSWANA

IMMIGRATION ACT

(Cap. 25:02)

(Regulation 7(1))

Please use block letters and black ink only

Photo
3cm x 4cm

1. Name (in full):
Surname:

First Name:

Middle Name:

Previous/Maiden Surname:

2. Age: Y Y Y

Date of Birth: 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

Diplomatic ☐ | Official ☐ | Employment ☐ | Business ☐ | Investment ☐ | Tourist ☐ | Visitor ☐ | Study ☐ | Transit ☐ | Emergency ☐

4. (b) Number of Entries

Single ☐

Multiple ☐

5. Address in Botswana:

Town/Village:

Street/Ward:

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):

_____

_____

10. Requested Validity Period of Visa From: D D M M Y Y Y Y To: 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)	(2)

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: D D M M Y Y Y Y Date of Expiry: D D M M Y Y Y Y

Return Visa to: _____ Valid Until: D D M M Y Y Y Y

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: D D M M Y Y Y Y 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 Act and Regulations of the Republic of Botswana.