



EMBASSY OF RWANDA  
 1714 New Hampshire Ave., NW  
 Washington D.C. 2009  
 Tel:202-232-2882/3/4  
 Fax: 202-232-4554

Attach  
 Photo  
 Here

**Visa Application Form**

1. Visa applied for: Transit  Business:  Tourism:  Other:
2. Date of entrance: ..... No. of entries: ..... Length of stay: .....
3. Surname:..... Forenames:.....
4. Date and place of birth: .....
5. Nationality at birth: .....
6. Marital status: Single:  Married:  Divorced:
7. Name of spouse:..... Nationality: .....
8. Date and place of birth of spouse: .....
9. Applicant permanent address: .....
10. Occupation: .....
11. Employer and address: .....
12. Telephone: Office: ..... Home: ..... E-mail: .....
13. Passport number: .....
14. Name of the institution that issued the passport: .....
15. Date of issue: ..... Date of expiry: .....
16. Mother's maiden name: .....
17. Date of your last visit to Rwanda: .....
18. Reason for your present journey: .....
19. Address, telephone/fax contact during your stay in Rwanda: .....

20. Names of children accompanying	D.O.B	Gender
.....	.....	.....
.....	.....	.....

I hereby confirm that all information provided is correct to the best of my knowledge.

Signature:..... Date:.....

Please do not write below this line (Official use only)

Visa no: ..... Valid from: ..... To: ..... No. of entries: .....

Date of issue: ..... Receipt no: ..... Signature: .....