

REPOBLIKAN'I MADAGASIKARA
Fitiavana – Fahafahana – Fahamarinana

EMBASSY OF MADAGASCAR
Washington, D.C. U.S.A.

Surname	Recent photograph US passport standard required
Maiden Name	
Name	
Date of birth	
Place and country of birth	

Current nationality	Nationality at birth
Marital status:	
Home address:	
Email :	
Telephone : (_____) _____ - _____	
Occupation	
Passport #	Issued by :
Date of issuance:	Date of expiration:

Nature and length of stay			
Type of visa requested (please, circle applicable) :			
Business	Boat sailing	Conference/ Workshop	Courtesy
Diplomatic	Family event	Family reunion	Film shooting
Investment	Laïc mission	Native	Religious mission
Scientific research	Sport,cultural event	Studies	Tourism
Cruise	Health care	Retirement	Work
Length of stay (check and circle applicable)			
<input type="checkbox"/> Duration of stay _____ days/month			
<input type="checkbox"/> One month Transformable.			
Number of requested entry (please, circle applicable):			
One Two Three			

For official use only
Surname _____ Name _____ Visa # _____ Issuance date _____ Expiration date _____ Permitted length of stay _____ Number of allowed entry _____ File reference _____

Names and surnames of relatives travelling with you.	
If you are travelling for business, please provide the name and address of the correspondent you are to contact.	
If you are travelling to attend a convention or meeting, please indicate the name and address of the organizing party, and the date of said convention or meeting.	
If you are travelling for the purpose of training, research or studies, please indicate the name and address of the sponsoring entity, and the duration for the training, research or studies.	
Have you ever visited Madagascar before? If yes, for what purpose, when and how long did you stay?	
Have you ever lived in Madagascar for more than three months straight? If yes, please indicate the dates and place(s).	
Name and address of reference in the U.S.A.	
Name and address of reference in Madagascar	
Date and port of entry in Madagascar:	Date and port of departure from Madagascar:
Means of transportation:	Means of transportation:
Your address(es) in Madagascar	

IMPORTANT:

I agree to accept no paid or "au pair" position during my stay in Madagascar, not to settle down definitely in the country, and to leave the Malagasy territory upon the expiration of my visa.

By signing this application, I certify that all the above statement is true; and in case of incorrect declaration or falsification on my part, I understand that, in addition to any penalties imposed by Law, I would be unable to receive any Malagasy visa in the future.

For official use only

Avis du Chef de poste :

Place _____ **Date** _____

Signature