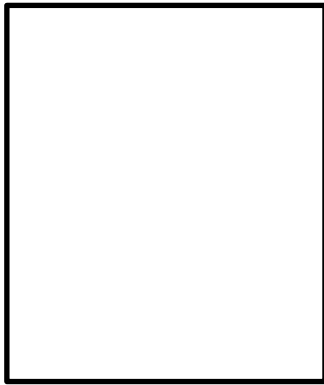


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**SOMALILAND IMMIGRATION
AND BORDER CONTROL**
HEAD QUARTER
HARGEISA, SOMALILAND



VISA APPLICATION FORM

THIS FORM MUST BE FULLY COMPLETED IN ENGLISH USING BLUE OR BLACK INK AND CAPITAL LETTERS. PLEASE ATTACH ONE (1) PASSPORT SIZE PHOTOGRAPH.

TYPE OF VISA REQUIRED:

WHAT IS THE PURPOSE OF YOUR VISIT TO SOMALILAND?

HOW LONG WILL YOU STAY IN SOMALILAND?

TRAVEL DATES:

ARRIVAL DATE?

DEPARTURE DATE?

PERSONAL DETAILS

1.1 GIVEN NAMES (AS SHOWN IN YOUR PASSPORT)

1.2 FAMILY NAME (AS SHOWN IN YOUR

1.3 OTHER NAMES (INCLUDE ALL PREVIOUS NAMES USED)

1.4 SEX (PUT A CROSS (X) IN THE RELEVANT BOX)

MALE: FEMALE:

1.5 CURRENT OCCUPATION

1.6 PREVIOUS OCCUPATION

1.7 MARITAL STATUS (PUT A CROSS (X) IN THE RELEVANT BOX)

SINGLE MARRIED DIVORCED/SEPARATED WIDOWED

1.8 DATE OF BIRTH

1.9 PLACE OF BIRTH

1.10 COUNTRY OF BIRTH

1.11 NATIONALITY

YOUR CONTACT DETAILS

2.1 GIVE YOUR RESIDENTIAL ADDRESS

POST CODE:

2.2 DETAILS OF CONTACT PERSON, ADDRESS AND TELEPHONE IN SOMALILAND

2.3 HOME (LANDLINE) PHONE CONTACT

2.4 MOBILE PHONE CONTACT

2.5 EMAIL ADDRESS CONTACT

PASSPORT INFORMATION

3.1 YOUR CURRENT PASSPORT NUMBER

3.2 PLACE OF ISSUE

3.3 ISSUING AUTHORITY

3.4 DATE OF ISSUE

3.5 DATE OF EXPIRY

3.6 OTHER PERSONS TRAVELLING ON YOUR PASSPORT

No: YES:

I IF 'YES' PLEASE PROVIDE DETAILS IN THE BOX BELOW.:

| NAME | DATE OF BIRTH | SEX |
|------|---------------|-----|
| | | |
| | | |
| | | |
| | | |

PREVIOUS APPLICATIONS

4.1 HAVE YOU TRAVELLED TO SOMALILAND IN THE PAST YEARS?

No: Yes:

IF 'YES' PLEASE PROVIDE DETAILS IN THE BOX BELOW.

| DATE | DESTINATION | PURPOSE | DURATION |
|------|-------------|---------|----------|
| | | | |
| | | | |
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| | | | |

DECLARATION

THE INFORMATION I HAVE GIVEN IN THIS FORM IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THE ATTACHED PHOTOGRAPH IS A TRUE LIKENESS OF ME.

APPLICANT SIGNATURE

DATE

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

SPONSOR / CONTACT SIGNATURE

DATE

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

