

Tel: 4420 4577 3307



### **Sierra Leone Tourist visa Application**

|          | Please enter your contact information  |
|----------|--|
| Name:    |  |
| Email:   |  |
| Tel:     | Mobile:  |
| The lat  | est date you need your passport returned in time for your travel:  |
| The High | Commission is closed every Friday.   |
|          | Sierra Leone tourist visa checklist  |
|          | Filled out and signed Sierra Leone tourist visa application form. The form is enclosed.  |
|          | Original Passport. Passport must have at least 6 months remaining validity and have at least 1 visa page.  |
| upload   | <b>Passport Photo: 1</b> Include a passport style photo, with a white background, taken within the last 6 months. You may also choose to d a photo to your order for us to print. There is a surcharge associated with this service. |
|          | Payment. Credit Card Authorization form, Postal Order payable to VisaHQ.co.uk.   |
|          | Return mailer. Prepaid self-addressed return label or payment for Royal Mail.  |
|          | Itinerary. Copy of round trip tickets or confirmed itinerary.  |
|          | Yellow Fever Vaccination. Original International Certificate of Vaccination for Yellow Fever and Cholera.  |
|          | Bank Statement. Copy of a recent bank statement showing proof of sufficient funds.   |
| durat    | Hotel Reservations. Copy of confirmed hotel reservations including name of the applicant, name and address of the hotel, ion of stay.  |

Invitation Letter. Copy of an invitation letter from family or friends in Sierra Leone and a copy of their passport and visa.



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#### Additional Documents for Children.

- Letter of Consent. An ORIGINAL consent letter signed by both parents / guardians, specifying who will be travelling with the child and authorizing the trip.

If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:

| Royal Mail Special Delivery by 1 pm (Next Day) - from $f_{\pm 11}$              | Name:        |
|---|--------------|
| Same day Central London courier delivery - from £15                             | Company:     |
| Royal Mail Special Delivery by 9 am (Next Day) - from ${}_{\pm 25}$             | Address:     |
| Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £25 | City:        |
| Same Day Outside Central London - from £30                                      | Postal code: |
| UK Next Day courier delivery - from £35   |              |
| Royal Mail Special Delivery Saturday Guarantee before 9am (Next Day) - from £35 |              |
| VHQ same day Central London - from £40  |              |
| Airport Service MEET&GREET - from £75   |              |
| Airport Delivery HEATHROW - from £80  |              |
| Airport Delivery GATWICK - from £90   |              |
| Prepaid self addressed mailer - £0  |              |
| Local pick up in London - £0  |              |
|   |              |



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| Type of visa   | Validity       | Processing time   | Embassy fee | Service fee | VAT    | Total   |
|----------------|----------------|-------------------|-------------|-------------|--------|---------|
| Single entry   | up to 90 days  | 3-5 business days | £109.00     | £120.00     | £24.00 | £253.00 |
| Multiple entry | up to 180 days | 3-5 business days | £134.00     | £120.00     | £24.00 | £278.00 |
| Multiple entry | up to 365 days | 3-5 business days | £159.00     | £120.00     | £24.00 | £303.00 |

This order is subject to Terms of Service, posted on VisaHQ website. All fees and requirements may change without notice.



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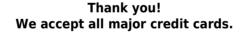


## **Credit card authorization form**

By signing this form i accept VisaHQ.co.uk Terms of Service and authorize to charge my credit card for the amount of £

| Name on the Credit Card:     |   |      |
|------------------------------|---|------|
| Credit card number:          |   |      |
| Exp. date:                   | 1 | CVC: |
| Credit Card Billing Address: |   |      |
|                              |   |      |
| Signature:                   |   |      |

Comments:





# **VISA APPLICATION FORM**

| SIERRA LEONE HIGH COMMISSION LONDON           |         |                 |                                  |                          |  |  |
|---|---------|-----------------|----------------------------------|--------------------------|--|--|
|   |         |                 | LAR SECTIO<br>Eagle Street       | N                        |  |  |
| * *   |         |                 | Holborn                          |                          |  |  |
| 5 TATE  |         |                 | ON WC1R 4TL<br>0140 FAX: 0207 43 | 30 9862                  | ATTACH<br>PHOTO HERE   |  |
|   | ž,      |                 | ular@slhc-uk.org.                |                          | <ul> <li>Manufactures et sous located consideration</li> </ul> |  |
| Contraction of the second                     |         |                 |                                  |                          |  |  |
| FAMILY NAME:                                  |         |                 |                                  |                          |  |  |
| OTHER NAMES:                                  |         |                 |                                  |                          |  |  |
| SEX:  | MALE    |                 | FEMALE                           |                          |  |  |
|   |         |                 |                                  |                          |  |  |
| MARITIAL STATUS:                              | MARRIED | SINGLE          | DIVORCED                         | ANY OTHER                |  |  |
| PRESENT ADDRES                                | S:      |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
| NATIONALITY:                                  |         |                 |                                  | FITUTION:                |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
| TYPE OF VISA :                                | SINGLE  | SIX MONTH       | MULTIPLE                         | ONE YEAR MULTIPL         | .E   |  |
|   | . –     |                 |                                  | _                        |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  | of sufficient means of m |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  |                          |  |  |
|   |         |                 |                                  | τ <b>ε:</b>              |  |  |
| NOTE:   | Eloanti |                 |                                  |                          |  |  |
| 1. One applica                                |         | completed 2. Or | ne passport-sized                | photograph should be     | attached   |  |
| 3. Tick all boxe                              | IS      |                 | CIAL USE ON                      |                          |  |  |
|   |         |                 |                                  | /L T                     |  |  |
|   |         |                 |                                  | ARTERS, FREETOWN W       |  |  |
| NUMBER (IF NECES                              | SARY):  |                 |                                  | ,                        |  |  |
| VISA NUMBER/ENTRY PERMIT NO.:                 |         |                 |                                  |                          |  |  |
| FEE PAID (IF NECESSARY): GENERAL RECEIPT NO.: |         |                 |                                  |                          |  |  |
| DATE:   |         | SIGNATUR        | E:                               |                          | ,,   |  |
| COMMENT:                                      |         |                 |                                  |                          |  |  |