



SOMALI FEDERAL REPUBLIC

**Immigration and Naturalization Directorate**

**VISA APPLICATION FORM**

**(PART ONE)**

Visa applied for: Entry/Transit / Tourist / work.-Resident-Permanent  
Education/ multiple/ Special visa

Length of stay:

COLOURED  
PHOTO

**A- PERSONAL INFORMATION**

1. Given name(s)   
(As shown in your passport)

2. Family name(s)   
(As shown in your passport)

3. Other name(s) (including other names)   
You are known by and/or other names that you have been known by)

4. Gender: put a tick (✓) in the relevant box  
Male  Female

5. Date of Birth       6. Place of Birth    
Day Month Year District Country

7. Nationality of Birth

**B) DOCUMENTS INFORMATION**

Types of Passport: Ordinary  Service  Diplomatic  Others

a) Passport NO:  b) Nationality

c.) Issued Date       d) Expire date        
Day Month Year Day Month Year

**C) MARITAL STATUS: put a tick (✓) in the relevant box**

1. Married  Widow  Divorced  Never Married/Single

2. Name of Spouse  Spouse Nationality

3. Place of birth  Date        
Day Month Year

4. Present address of spouse

**d) EMPLOYMENT INFORMATION**

1. Field of employment  2. Occupation

3. Employer  4. Contact info

**E) PERSONAL ADDRESS**

1) Physical address

b) Permanent address  c) Temporary address

d) E-mail:  e) Telephone:

**(PART TWO)**

**F) TRAVEL INFORMATION**

1. Previous visits or stay in Somalia, and time of stay

Yes  No

If Yes Detail

2. Previous stays in Africa, places, and dated

Yes  No

If Yes Detail

3. Reason for visa application

4. Proposed area to visit

a) Places

b) Person to meet  Contact

**G) DEPENDENT INFORMATION**

4. Persons accompanying (children) *put a tick (✓) in the relevant box*

a) Name

Gender: Male  Female

Date of birth:     
Day Month Year

b) Name

Gender: Male  Female

Day Month Year

c) Name

Gender: Male  Female

Date of birth:     
Day Month year

d) Name

Gender: Male  Female

Date of birth     
Day Month Year

I hereby certify that all information is correct

Signature of applicant

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***For official use only***

signed at

Day Month Year

Approved officer \_\_\_\_\_