



EMBASSY OF THE DEMOCRATIC REPUBLIC OF THE CONGO

1726 M Street, NW. Suite 601, Washington, DC 20036
Phone: (202) 234-7690/91 Fax: (202) 234-2609



VISA APPLICATION FOR SHORT STAY

REQUIREMENTS

- | | |
|---|---|
| <input type="checkbox"/> 6+ month valid passport | <input type="checkbox"/> Airline ticket |
| <input type="checkbox"/> Company letter | <input type="checkbox"/> Residence card |
| <input type="checkbox"/> Notarized Invitation from contact in the DRC | <input type="checkbox"/> Vaccination Certificate |
| <input type="checkbox"/> Two photo IDS | <input type="checkbox"/> Payment by money order or company check ONLY |

CHOOSE VISA CATEGORY

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> M/S | <input type="checkbox"/> M/M | <input type="checkbox"/> 2M/S | <input type="checkbox"/> 2M/M |
| <input type="checkbox"/> 3M/S | <input type="checkbox"/> 3M/M | <input type="checkbox"/> 6M/S | <input type="checkbox"/> 6M/M |

PLEASE PRINT OR TYPE IN THE SPACES PROVIDED

1. Passport number	2. Issuing authority	3. Issuance date (day/month/year) / /	4. Expiration date (day/month/year) / / 20
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5. Names (as in passport)			
First	Middle	Last	Others

6. Place of Birth City and state	Country	7. Date of Birth (day/month/year) / /	8. Nationality (origin)
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9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
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11. Spouse's information (even if separated or divorced):			
First name:	Last name:	Date and place of birth / /	Nationality

12. Present address (street, city, province or state, postal code, country)	13. Duration at this address
	Years Months

14. Telephone numbers				
Home:	Fax;	Business:	Business fax:	Mobile/Cellular:

15. Name of employer or school	16. Present address of employer or school (street, city, province or state, postal code, country)
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17. Telephone:	18. Fax:	19. Present occupation / Profession
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20. Names of the person in the DRC* who you will be staying with:			
First	Last	Others	Relationship
21. Hotel name (if applicable)		22. Address in the DRC (street, city, province or state)	
23. Telephone numbers			
Home	Fax	Business	Mobile
24. Purpose of current trip to the DRC*		25. Length of stay in the DRC* (in days)	
26. Have you ever been in the DRC*? (start with your latest trip on the bottom of this page or use additional pages if needed)			
<input type="checkbox"/> Yes	If yes, when?	For how long?	Port of entry:
<input type="checkbox"/> No			
27. Father's information			
First name	Last name	Middle or other names	Nationality
28. Mother's information			
First name	Last name	Middle or other names	Nationality

Applicant's signature:

Please write in the space below any additional information that could not fit in the space provided on the form. Make sure to identify by number the information you are referring to. Use additional pages as needed.