



**EMBASSY OF THE REPUBLIC OF LIBERIA
RABAT, MOROCCO
(Consular Section)**

VISA APPLICATION FORM

(Please type or print)

Name: _____
(Family) (First) (Middle)
Date of Birth: _____ Place of Birth: _____
(D/M/Y) (Town/City) (County/Country)
Nationality: _____ Sex: _____
Present Address: _____
Occupation: _____ Marital Status: _____
Employer: _____ Tel. No. _____
E-mail: _____ Mobile No. _____
Passport No.: _____ Expiry date: _____
Issuing Authority: _____
Date of Travel: _____ Mode of Travel: _____
Purpose of Trip: _____ Duration of Stay: _____
Health Certificate: Date of Yellow Fever Vaccination: _____
I hereby declare that the information given is true and correct to the best of my knowledge.
Date: _____ Applicant Signature _____

For Official Use Only

Type of Visa _____ Visa number _____
Fee collected: _____ Date: _____
The Applicant, (not) having complied with immigration regulations, is hereby (not) granted this visa to enter the Republic of Liberia.

Approved:

Ambassador

Signature - Consular Officer