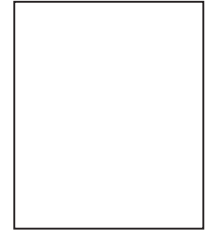




REPUBLIC OF ANGOLA
CONSULATE-GENERAL OF THE REPUBLIC OF ANGOLA
IN ROTTERDAM

VISA APPLICATION FORM



TYPE OF VISA _____

Name _____

Marital Status _____ Gender _____ Date of Birth ____/____/____

Place of Birth _____

Country of Birth _____

Original Nationality _____ Current Nationality _____

Passport N° _____ Issued in _____ Date ____/____/____ Valid until ____/____/____

Profession _____ Position held _____

Company address _____

Home address _____

City _____ Street _____ Zip code _____

Telefax _____ E-mail _____ Phone number _____

Father's name _____ Father's nationality _____

Mother's name _____ Mother's nationality _____

Place of Stay in Angola _____ City _____

Street _____ House number _____

Name of the person or organization that will be responsible for your stay _____

Province _____ Municipality _____

District _____ Street _____ House number _____

Date of last entrance in Angola ____/____/____ Border post passed _____

TO BE FILLED IN BY THE APPLICANT

Name of the person or organization to contact in Angola _____

Complete address in Angola _____

Date of entry in Angola ____/____/____ Border post to be passed _____

Signature of applicant _____ Date ____/____/____

