Embassy of the Republic of The Gambia
Suite 240, Georgetown Plaza
2233 Wisconsin Avenue, NW
Washington, DC 20007

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APPLICATION FORM FOR VISA

1.	Last Name or Surname				*Office Use Only*
2.	First Name				*Receiving Officer*
3.	Place and Date of Birth (mm/dd/yyyy)				*Name*
4.	Nationality at Birth				*Date*
5.	Current Nationality				*Mode of Receipt*
6.	Profession/Occupation				1. Visa Service
7.	Present Address and Phone No				2. Registered Mail 3. Ordinary Mail 4. In Person
8.	Names and Nationalities of A. Father B. Mother				*Handling Officer* Name Action Taken
9.	Marital Status □ Married □ Single □ Divorced				1. Approved
10.	Purpose of Visit □ Official □ Business □ Tourism				2. Refused 3. Rejected
11.	Address in The Gambia				Signature
12.	Passport No.	Issue Date	Expiry Date	Place of Issue	
13.	Previous Visits to The Gambia Date of Entry Date of Exit				
14.	References in The Gambia (Name, Address & Telephone No.) A. B.				Visa Type/No. Multiple Single
15.	Emergency Address and Phone No				
16.	I attest that all the information provided on this application is accurate to the best of my knowledge. I understand that I could be denied a visa to enter The Gambia if the information is found to be incorrect. Signature _____ Date _____				

VISA APPLICATION REQUIREMENTS *(please note that we can**NOT** process unless requirements are complete)*

1. Valid passport
2. One passport-size photograph (taken in the last six months; please write name and passport number on the back and sign)
3. Completed and signed application form
4. A nonrefundable application fee of **$100.00** in money order only, payable to the Embassy of The Gambia
5. **Prepaid** self-addressed/return envelope (FedEx/UPS or Priority/Express Mail recommended)
6. Personal or telephone interview may be required.
7. Regular visa processing time 3 – 4 days.

PICKUP/DROP-OFF HOURS **Monday - Thursday** – 11:00 AM to 2:00 PM
Friday – 11:00 AM
Express Service available for an additional fee of $50.00.