REPUBLIC OF RWANDA		
NATIONAL INTELLIGENCE AND SECURITY SERVICE DIRECTORATE GENERAL OF IMMIGRATION AND EMIGRATION		
VICA ADDI ICATIONI COLOURED		
VISA APPLICATION Visa applied for: Transit / Tourist / Visitor's-Resident –Permanent Length of stay:		
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		
DayMonthYearDistrictCountry7. Nationality of Birth		
8. E-mail contact 9.Local Telephone contact		
10. Passport No 11. Nationality of passport		
12. Date of Issue of passport Image: Day Month Year 14. Profession Image: Occupation		
15. Employer		
16. Father's name mother' name		
17. Father's nationality mother's nationality		
18. Parent's address 19. Marital Status: put a tick ($$) in the relevant box		
Married Widowed Divorced Never Married/single		
20. Name of spouse Spouse's nationality		
21. Born at ; on I		
22. Present address of spouse		

23. Former visits or stay in Rwanda, and time of stay	y
24. Former stays in Africa, places, and dates	
25. Reason for visa application	
26. Proposed persons to be visited and their address:	:
27. Persons accompanying (children) <i>put a tick (</i> 1	$\sqrt{}$ in the relevant box
1. Name	2. Name
Gender: Male Female	Gender: Male Female
Date of birth: Day Month Year	Date of birth: Day Month Year
3. Name	4. Name
Gender: Male Female	Gender: Male Female
Date of birth: Day Month year	Date of birth Day Month Year
I hereby certify that all information is complete and	correct
Signature	
Done at,	on Day Month Year
Do not write below this line, for official use only	

P. O. BOX 6229, KIGALI Tel. +250 0252585430 / +250 7888 99971 Fax +250 0252585292 Email: permit@migration.gov.rw

 $^{\odot}$ Rwanda Directorate General of immigration and Emigration