Embassy of Ivory Coast

APPLICATION FOR VISA

valid for a period of three months: (to be filled in very clearly)

Surname:	
(in block letters)	
Maiden name	
Christian name(s)	
(in small letters)	

Date of birth	_place			No.
Nationality				
Civil status	_ Children: Number		Age:	
Usual residence:				
Present residence, full adre	ess:			
Profession:				Passport Nodate of issue authority of issue
Military status:				valid until:
Nature and duration of applied visa	Transit tosojourn of		days	Identity Card No.
	Sojourn of	one two	days month months	date of issue authority of issue valid untill:
	-	three	months	valid uritili.
Date of entrance in Ivory C	oast:			
Description of the reason for				
Have you previously stayed	d in Ivory Coast for more th	nan thre	e consecutiv	ve months?
Give exact dates:				
Give full names and address business trip:	sses (street, no.) of busine	ss peop	ole you inten	d to meet in case of a

Have you any relatives in Ivory Coast (full address)					
References in your country of residence (full address) _					
Indicate the precise place of entry into Ivory Coast:					
Give your address during your stay in Ivory Coast:					
Do you intend to establish yourself in Business or Industr	ry in Ivory Coast				
Destination on leaving Ivory Coast:					
Do you take the engangement that your will not accept a in the Ivory Coast, that you will not try to settle permaner IVORIAN TERRITORY AT EXPIRATION OF THE GRAN	ntly and that YOU WILL LEAVE THE				
I am fully responsible for the above given declarations ar declaration, I am aware that I would be REFUSED TO G					
(place)	, date Signature,				
To be filled in by the Consulate of Ivory Coast in Oslo:					
Name:					
Surname:					
No. of visa:	-				
Natue of visa:	_				
Date of delivery:					
Date of expiration					
Number of entries allowed:	_				
Duration:	_				