



Ref. _____

REPUBLIC OF BENIN

U.K. Consulate

Millennium Business Centre

Humber Road

London NW2 6DW

Tel: 020 8830 8612 E-mail: beninconsulate@hotmail.co.uk

VISA APPLICATION

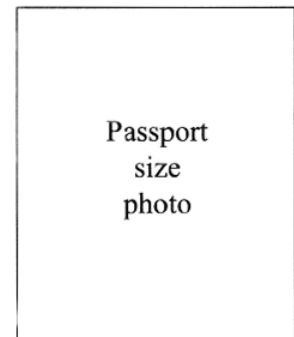
Surname: _____

First Name: _____

Nationality: _____

Date of Birth: _____

Address: _____



Post Code: _____ **Daytime Phone No:** _____

Name/Address/Phone Number of someone to contact in case of emergency:

Please tick type of visa required:

- 15 day single entry £50
- 30 day single entry £60
- 30 day double entry £70
- 90 day single entry £70
- 90 day double entry £80
- 90 day triple entry £90

Passport Details: Number: _____

Date of Issue: _____

Date of Expiry: _____

Issued by: _____

Please turn over

Occupation: _____

Purpose of Visit: _____

**If travelling on business, give names of companies and organisations
you intend to visit:** _____

State point of entry into the Republic of Benin: _____

State intended date of entry: _____

State your full address while in the Republic of Benin: _____

**I undertake not to accept any employment, paid or unpaid, while in
the Republic of Benin and to leave the Country when my visa expires.**

**Further, I understand that by signing this application, any false statement could
result in prosecution and that any application in the future for a visa may be refused.**

Date: _____ **Signed:** _____