



GUYANA IMMIGRATION SERVICE

VISA APPLICATION FORM

FOR OFFICE USE ONLY

VISA NO

VALID UNTIL / /

SINGLE MULTIPLE ENTRY

DATE OF ISSUE / /

SIGNATURE OF CONTROLLING OFFICER

For help or information on **VISAS** or forms
 go to: **www.guyanahc.com**
 or call **0207 229 7684** 10am - 5pm Mon - Fri

COMPLETE ALL SECTIONS IN BLOCK CAPITALS. DO NOT WRITE ABOVE THIS LINE. USE BLACK INK

1. Title (as in passport)

2. Surname (as in passport)

3. First and Middle Name (as in passport)

4. Other Names (maiden, profession, aliases)

5 i. Date of Birth / / → **ii. Place of Birth**

6. Nationality

7 i. Passport Number → **ii Date of issue** / /

iii. Place of issue → **iv Date passport expires** / /

8i. Home address (in full)

ii. Home telephone number + **iii. How long resident at above address** **YEARS** **MONTHS**

9i. Present occupation (if retired, past occupation)

ii. Name and address of employer

10i. Sex	ii. Colour of Hair	iii. Height	v. Colour of Eyes
M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/> CM	<input type="text"/>
iv. Complexion		vi. Identification Marks	
<input type="text"/>		<input type="text"/>	

11. Marital Status
 Married Single Separated Divorced Widowed

12. Have you ever applied for a Guyana Visa before? If "Yes":
 Where When D D / M M / Y Y

13. Who will furnish financial support?

14. With whom will you stay in Guyana?

15. The address at which you will stay in Guyana

16. What is the purpose of your visit? **17. Have you visited Guyana before?** YES NO

18. Do you intend to work in Guyana YES NO **19. If on business, name and address of firm etc.**

20 i. Have you ever:

(a) been afflicted with contagious diseases (e.g. tuberculosis) or serious mental illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) been arrested, convicted for any offence or crime even though subject of a pardon, amnesty or other legal action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) been involved in narcotic activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) been deported from Guyana in the last five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e) sought to obtain a visa by misrepresentation or fraud?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ii. If yes to any of the above please give details

21. WHEN ARE YOU DUE TO ARRIVE IN GUYANA? D D / M M / Y Y **22. HOW LONG DO YOU INTEND TO STAY?** MONTHS DAYS

I certify that I have read and understood all the above questions and the answers I have given on this form are true and correct to the best of my knowledge and belief. I understand that possession of visa does not entitle the bearer to enter Guyana at a port of entry if he/she is found inadmissible.

SIGNATURE OF APPLICANT

DATE D D / M M / Y Y

Note: Failure to disclose the purpose of applying for a visa or the submission of false information will result in refusal of entry or expulsion from Guyana.

