OFFICIAL USE	
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Visa Number:
Visa Type:
Visa Fee (€):
Receipt No:
Date of Issue:
Issuing Officer:



photograph

APPLICATION FOR ENTRY PERMIT/VISA

All fields marked asterisk (*) must be completed. All entries must be typed in English and you must use English alphabets only. Your completed form MUST be submitted to the Embassy using the [Submit Form Data] button. NOTE: The [Submit Form Data] button will appear at the bottom right-hand corner of the form when all mandatory (*) fields have been completed. WARNING: The Embassy WILL NOT accept your form if you fail to submit the application.

PART 1: TRAVEL INFORM	ATION				
(a) Visa Required*		(b) Processing Service*	(c) Collection Service*	(d) Payment Method*	
SELECT ONE	-	SELECT ONE	SELECT ONE	▼ SELECT ONE ▼	
(e) Purpose of Trip*		(f) Date of Travel to Ghana*	(g) Means of Travel*	(h) Length of stay* (eg 14)	
SELECT ONE	•		AIR LAND SEA		
(i) Flight Number*		(j) Return Ticket for this Trip?*	(k) Funds for this Trip* (eg 100)	(l) Date of Last Visit	
		🗌 YES 🗌 NO			
PART 2: PERSONAL DETA	ILS				
(a) Title*		(b) First Name(s)*	(c) Surname/Family Name*	(d) Previous Name(s)	
SELECT/ENTER	▼				
(e) Date of Birth*		(f) Place of Birth*	(g) Present Nationality*	(h) Prev. Nationality	
			SELECT ONE	▼ SELECT ONE ▼	
(i) Passport Number*		(j) Place of Issue of Passport*	(k) Date of Issue of Passport*	(I) Passport Expiry Date*	
(m) Current Residential Address*			(n) Name, Address & Telephone of Employer/Business		
(o) Contact Telephone*		(p) E-mail Address*		(q) Occupation*	
PART 3: CONTACT DETAIL	.S IN O	HANA			
(a) Name, Address & Telep	ohone	of person inviting you*	(b) Address or Hotel where you will t	be staying*	
PART 4: DECLARATION					
I declare that the information given on this form whether entered by myself, on my behalf by a third party or automatically pre-populated is true, complete and accurate to the best of my knowledge and belief; and all supporting documents attached to this application are genuine.			applicant's signature		
Declaration Date:					
PART 5: PARENT/GUARDI	AN CO	DNSENT (TO BE COMPLETED FOR APPLI	ICANTS UNDER 18 YEARS)		
TO BE COMPLETED BY A	ALL A	PPLICANTS UNDER 18 YEARS.			
My parent/guardian	has s	sole parental responsibility (You m	iust complete Form VCF14(A)).		

My parents/guardians have joint parental responsibility (You must complete Form VCF14(B)).