

EMBASSY OF THE REPUBLIC OF THE GAMBIA CLAUDIO COELLO N°. 28 – 2D MADRID, SPAIN

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APPLICATION FORM FOR VISA

ast Name: First name: First name: First name: Example State of Birth (/ /): State of Birth: State of Birth: First name of the state o		me: Initials: Place of Birth: Current Nationality:					PHOT	OGRAPH
<u>Current Address</u>								
Address:								
City: Country: Phone Number:	Province:		Pos	t Code:				
Marital Status: □Marrie Purpose of Visit: □Officia	-	□Single □Business		orced rism				
Duration of visit:								
Address in The Gamb	<u>ia</u>							
Address: City:								
Passport Number: Date of Issue: (/ /) Previous visits to The Gambia:			Place of Issue Expiry Date		/	/)	
Date of Entry: (/ /))		Date of Depa	arture (/	/)	
References in The Ga	mbia							
1- Name: Address: City:								
2- Name: Address: City:								

I attest that all the information on this application is accurate to the best of my ability.

I understand that I could be denied a Visa to enter The Gambia if the information is found to be incorrect. Signature: Date (/ /) Print name: Official Use Only **Receiving Officer** Date (/ /) Name: Action Taken: □Approved □Refused □Rejected Signature: Visa N°: Date out (/ /) Visa Type / N°: □Multiple □Single Signature:

VISA APPLICATION REQUIREMENTS

- ✓ Valid Passport✓ One passport-size photograph
- ✓ Completed and signed application form
- ✓ A non refundable application fee of 50€ in cash only, payable to the Embassy of The Gambia.
- ✓ Personal or telephonic interview may be required
- ✓ Regular Visa processing time: 24 hours

VISA PICK UP HOURS

Monday-Thursday from 10:00 AM to 3:00 PM Express Service available for an additional fee of 25€.