REPUBLIC OF RWANDA

NATIONAL INTELLIGENCE AND SECURITY SERVICE
DIRECTORATE GENERAL OF IMMIGRATION
AND EMIGRATION

VISA APPLICATION

COLOURED PHOTO

Visa applied for: Transit / Tourist / Visitor's-Resident –Permanent Length of stay:

1. Given name(s)
(As shown in your passport)

2. Family name(s)
(As shown in your passport)

3. Other name(s) *(including other names*
You are known by and/or other names that you have been known by)

4. Gender: *put a tick (√) in the relevant box*

Male ☐ Female ☐

5. Date of Birth (Day / Month / Year) 6.Place of Birth (District / Country)

7. Nationality of Birth

8. E-mail contact 9.Local Telephone contact

10. Passport No 11.Nationality of passport

12. Date of Issue of passport (Day / Month / Year) 13.Expiry date of passport (Day / Month / Year)

14. Profession Occupation

15. Employer

16. Father's name mother' name

17. Father's nationality mother's nationality

18. Parent's address

19. Marital Status: *put a tick (√) in the relevant box*

Married ☐ Widowed ☐ Divorced ☐ Never Married/single ☐

20. Name of spouse Spouse's nationality

21. Born at ; on (Day / Month / Year)

22. Present address of spouse

23. Former visits or stay in Rwanda, and time of stay

24. Former stays in Africa, places, and dates

25. Reason for visa application

26. Proposed persons to be visited and their address:

27. Persons accompanying (children) *put a tick (√) in the relevant box*

1. Name

Gender: Male Female

Date of birth: Day Month Year

2. Name

Gender: Male Female

Date of birth: Day Month Year

3. Name

Gender: Male Female

Date of birth: Day Month year

4. Name

Gender: Male Female

Date of birth Day Month Year

I hereby certify that all information is complete and correct

Signature

Done at, on Day Month Year

_____

Do not write below this line, for official use only

P. O. BOX 6229, KIGALI Tel. +250 0252585430 / +250 7888 99971 Fax +250 0252585292 Email: permit@migration.gov.rw

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