



**GUYANA IMMIGRATION SERVICE**

# VISA APPLICATION FORM

**E.mail: [guyanahc1@btconnect.com](mailto:guyanahc1@btconnect.com)**  
For help or information on **VISAS** or forms go

to: [www.guyanahclondon.co.uk](http://www.guyanahclondon.co.uk);

or call **0207 229 7684** 10am – 2.30pm Mon - Fri

<b>FOR OFFICE USE ONLY</b>	
VISA NO	<input type="text"/>
VALID UNTIL	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
SINGLE	<input type="checkbox"/> S MULTIPLE <input type="checkbox"/> M ENTRY
DATE OF ISSUE	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
SIGNATURE OF CONTROLLING OFFICER	<input type="text"/>

**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

 D  D  M  M  Y  Y

ii. Place of Birth

6. Nationality

7 i. Passport Number

ii Date of issue

 D  D  M  M  Y  Y

iii. Place of issue

iv Date passport expires

 D  D  M  M  Y  Y

8i. Home address (in full)

ii. Home telephone number

 + 

iii. How long resident at above address

 Y  Y YEARS  M  M MONTHS

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

ii. Name and address of employer

<b>10i. Sex</b>	<b>ii. Colour of Hair</b>	<b>iii. Height</b>	<b>v. Colour of Eyes</b>
M <input type="checkbox"/> F <input type="checkbox"/>			

<b>iv. Complexion</b>	<b>vi. Identification Marks</b>

**11. Marital Status**  
 Married  Single  Separated  Divorced  Widowed

**12. Have you ever applied for a Guyana Visa before? If "Yes":**  
 Where  When DD  MM  YY

**13. Who will furnish financial support?**

**14. With whom will you stay in Guyana?**

**15. The address at which you will stay in Guyana**

<b>16. What is the purpose of your visit?</b>	<b>17. Have you visited Guyana before?</b>
<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>18. Do you intend to work in Guyana</b>	<b>19. If on business, name and address of firm etc.</b>
YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
	<input type="text"/>

**20 i. Have you ever:**

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

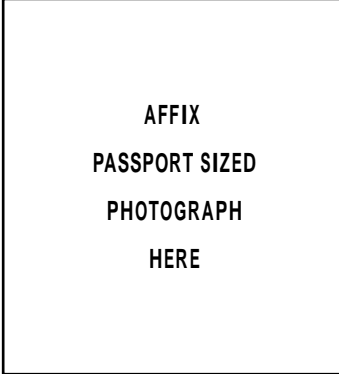
**ii. If yes to any of the above please give details**

<b>21. WHEN ARE YOU DUE TO ARRIVE IN GUYANA?</b>	<b>22. HOW LONG DO YOU INTEND TO STAY?</b>
DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>	<input type="text"/> MONTHS <input type="text"/> 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 DD  MM  YY



**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.