



EMBASSY OF THE REPUBLIQUE OF NIGER
2204 R Street, NW, Washington, DC 20008, USA

Photograph

VISA APPLICATION FORM

1. Applicant's Information

Last Name: _____ First Name: _____
 Date of birth: _____ Place of birth: _____
 Occupation: _____ Nationality: _____
 Gender: M F Single Married
 Address in the USA/place of residence: _____ Address in Niger: _____
 Tel: (private): _____ (business): _____ E-mail: _____
 Date of entry in Niger: _____ Airline: _____ Flight No.: _____
 Length of stay: _____ City of disembarkation: _____
 Have you previously visited Niger? Yes No When? _____
 Purpose of visit: Student Diplomat Official Tourism Family
 Business Other (specify): _____
 Name of the person accompanying the applicant: _____ Relation: _____

2. Passport Information

Passport No.: _____
 Date issued: _____ Expiration Date: _____

3. Emergency contacts

in Niger:	In the USA/place of residence
Last and First Name : _____	Last and First Name: _____
Tel: _____	Tel: _____
Relation to the applicant: _____	Relation to the applicant: _____

4. Certification: I, undersigned, certify that all the information provided are correct, and that I will abide by the laws of the Republic of Niger during my stay.

Signature: _____ Date: _____

Official Use Only: Do not write below

No du visa: _____	Date de délivrance _____
Validité du visa _____	Signature _____
Taxes perçues _____	Mention (s) _____