REPUBLIC OF SOMALILAND

Ministry of Interior Immigration Department Head Quarter, Hargeisa, Somaliland



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VISA APPLICATION FORM

Passport size photo here.

This form must be fully completed in English using blue or black ink and Capital Letters. *Please attach one (1) passport size photograph.*

i ype of visa required: Put a cross (x) in the rel	evant box.				
Tourist Business Other (ple	ease specify)				
What is the purpose of your visit to Somaliland? How long will you stay in Somaliland?					
Travel Dates: Arrival Date? M M Y Y Y Y	Departure Date? M M Y Y Y Y				

Part 1 Personal Details					
1.1 Given Names (as shown in your passport)	1.2 Family name (as shown in your passport)				
1.3 Other names (include all previous names us	ned) 1.4 Sex (Put a cross (x) in the relevant box) Male Female				
1.5 Current Occupation	1.6 Previous Occupation				
1.7 Marital Status (Put a cross (x) in the releva Single Married	nt box) Divorced/Separated Widowed				
1.8 Date of Birth	1.9 Place of Birth				
D D M M Y Y Y					
1.10 Country of Birth	1.11 Nationality				
Part 2 Your Contact Details					
2.1 Give your residential address 2.2	Details of contact person, address and telephone in Somaliland				
Post Code:					
2.3 Home (landline) phone contact	2.4 Mobile phone contact				
2.5 Email address contact					

Part 3 Passport Information						
3.1 Your Current Passport Number	er 3	3.2 Place of is	ssue			
3.3 Issuing Authority 3.4 Date of issue						
		D D	M M	YYYY		
3.5 Date of Expiry D D M M Y Y Y	/ Y					
3.6 Other persons travelling on your Passport						
			No	Yes		
I If 'Yes' please provide details in the						
Name	Date of E	Birth	Sex			
Part 4 Previous Applications						
4.1 Have you travelled to Somalila If 'Yes' please provide details in the	box below.	5?	No	Yes		
Date Destination	Pu	rpose	Durat	ion		

Part 5	Dec	laration			
The information I have gi attached photograph is a		mplete and tru	e to the bes	t of my knowle	edge and the
Applicant Signature				Date	
		D D	MM	YYY	Y Y
Sponsor / Contact Sign	ature			Date	
		D D	M M	YYY	′ Y
For Official use only:					
Visa Fee Rcvd	Dispatch Date:	Record	led Del No:		
Authorising Officer:					
Remarks:					

Visa Application Form ---No.1