

VIA ANTONIO VIVALDI,15

00199 ROME (ITALY)

ENTRY PERMIT/ VISA APPLICATION FORM

TEL. 06 86329034 FAX 06 86384898

(THIS FORM MUST BE COMPLETED IN BLOCK LETTERS)

VISA No.....

1.	Surname	Other names
2.	Sex Complexion/Special Peculiarities	
3.	Date of birth Place of birth	
4.	Nationality: Former	Present:
	(a) Political affiliation:	
5.	Passport No Issued at	On
6.	State whether: Single/Married/Divorced/Widowed	
7.	Profession	
8.	Residential Address	Tel. No
9.	Official Address	Tel. No
10.	Date of last arrival in Liberia	
11.	For how long do you propose to remain in Liberia? (Days/Months/Year)	
12.	Purpose of visit	
13.	3. If 10 above is employment state:	
	(a) Name of employers	
	(b) Post to be occupied	
14.	My reference in Liberia are as follows:	
	(1) Name	
	Address	
	(2) Name	
	Address	
15.	. Address in Liberia (Not P.O. Box)	
	I understand that I will be required to comply with the immigration and other laws go	
ing	the entry of immigrants into Liberla for which I now apply for entry permit.	
	I HEREBY DECLARE THAT I AM FREE FRO	M ALL MENTAL AND CONTAGIOUS DISEASES
	DENCED BY MEDICAL CERTIFICATE, THAT I MISDEMEANOR BY ANY COURTS OF ITALY	HAVE NEVER BEEN CONVICTED OF ANY CRIME OR THOSE OF ANY OTHER COUNTRY.
Date		Signature
	of Visa:	Remarks (for official use only)
Rece	ipt No	