High Commission O 2nd Floor North Block, Brool Nieuw Mucklenuek.Pretoria.	Please indicate Type of Visa Requested Diplomatic Visa Official Visa Official Visa Courtesy Visa Non-Immigrant Visa Tourist Visa Tourist Visa Tourist Visa Transit Visa Number of Entries Requested
Mr. Mrs. Miss First Name Middle	Name Family Name (in BLOCK letters)
Former Name (if any)	Other (please specify)
Nationality	Countries for which travel document is valid
Nationality at Birth	Proposed Address in Gambia
Birth Place Marital Status	
Date of Birth	
	Name and Address of Local Guarantor
Type of Travel Document	
No Issued at	Tel./Fax
Date of Issue Expiry Date	Name and Address of Guarantor in Gambia
Occupation (specify present position and name of employer)	
	Tel./Fax.
	I hereby declare that I will not request any refund from My paid visa fee even if my application has been declined
Current Address	Signature Date
Permanent Address (if different from above)	I hereby declare that the purpose of my visit to The Gambia Is for pleasure or transit only and that in no case shall I engage myself in any profession or occupation while in the country. Signature Date
	FOR OFFICIAL USE
Tel	Application/Reference No.
Names, dates and places of birth of minor children (<i>if accompanyi</i>	ng) Visa No.
	Type of Visa Diplomatic Visa Official Visa Courtesy Visa
Date of Arrival in Gambia	Non-immigrant Visa Tourist Visa Transit Visa
Traveling by	Category of Visa
Flight No Or Vessel's names	Single Double Multiple Entries
Duration of Proposed Stay	Date of Issue Fee
Date of Previous Visit to Gambia	Expiry Date
Purpose of Visit Tourism Transit Business Diplomatic/Official	Documents Submitted
The Visa Fee for a month is R450.00	Authorized Signature and Seal
NAME OF ACCOUNT : EM	BASSY OF THE REPUBLIC OF GAMBIA
BANK NAME : ST	ANDARD BANK
ACCOUNT NUMBER: 28	1094845
	SINESS CURRENT ACCOUNT
	00KLYN 1245
	1245
	ZA ZA JJ
EMAIL : ac	counts@gambiaembassysa.co.za