




Application for Ghana Entry Permit/Visa

Embassy of Ghana Washington DC. **REGULAR SERVICE**

For Official Use Only			Attach recent passport size photograph here  <p>Attach 2 passport photos, professionally taken (NOT photocopied)</p>		
Visa No.: _____ Type of Visa: _____ Date of Issue: _____ Issuing Officer: _____ Charges: _____ <i>Applicants applying for single Single Entry Visas are advised to submit their application fourteen(14) business days prior to their date of Travel</i>					
<input type="checkbox"/> Single Entry \$60.00 <input checked="" type="checkbox"/> Multiple Entry \$100.00 NO PERSONAL CHECKS / NO CASH			FILL WITH BLACK INK ONLY 1. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs.		
1. Personal Information			2. Passport Information		
a. Surname /Last Name			a. Passport Number		b. Date of Issue
b. First Name(s)		d. Middle Name	c. Place of Issue		e. Date of Expiry
c. Previous Name (if applicable)			3. Name and Address of Employer/School (USA) BOSTON UNIVERSITY		
e. Date of Birth		f. Place of Birth	a. Profession/Occupation STUDENT		
g. Nationality		h. Former Nationality (if any)			
4. Residential Address (Your permanent address)			NOTE: If retired or currently unemployed, please state the address and telephone number of last/previous employer.		
a. Street/ Mailing Address:			b. Street/Mailing Address:		
b. City:			1 SILBER WAY		
c. State		d. Zip Code:		c. City	
e. Home Phone No.:		f. Telephone Number:		d. State: MA	
f. Cell Phone No.:		g. Emergency Contact Person: (Full Name)		e. Zip Code: 02215	
h. Contact Person's Phone No.		i. Relationship		f. Telephone Number: +1 (617) 353-9888	
g. Emergency Contact Person: (Full Name)			Your Email Address: (your email)		
Applicant's intended date of travel JULY 3, 2018			Is applicant in possession of roundtrip ticket? YES		
Amount of money Applicant is travelling with			If (yes) Indicate ticket number: _____		
Traveling by: <input checked="" type="checkbox"/> Air			<input type="checkbox"/> Sea		<input type="checkbox"/> Land



Application for Ghana Entry Permit/Visa

Embassy of Ghana Washington DC

Purpose of Journey:			
<input type="checkbox"/> Business	<input type="checkbox"/> Tourism	<input type="checkbox"/> Employment	<input type="checkbox"/> Official <input type="checkbox"/> Transit <input checked="" type="checkbox"/> Student <input type="checkbox"/> Other
5. Name, Address and Telephone Number of Lodging place/Contact Person/s in Ghana			
a. Name of Hotel/Guest House in Ghana LIZZY'S SPORTS COMPLEX		f. Contact Person in Ghana, Name and Address KWASI OWUSU-ANTOH	
b. Street (Mailing address) COTTON STREET		g. Street(Mailing address) LANCASTER UNIVERSITY GHANA, JUNGLE ROAD	
c. City/Town ACCRA	d. Region ACCRA	h. City/Town EAST LEGON	i. Region ACCRA
e. Telephone Number +233 30 252 1851		j. Tel. Number:+233 (0)302 747 700	
6. If you select employment, indicate name and address of employer in Ghana			
a. Name of Employer			
b. Address/P .O Box:			
c. City/Town	d. Region	e. Telephone Number	
7. Duration of stay in Ghana 45 DAYS		8. Date of last visit to Ghana AUGUST 18, 2018	
9. For Tourism, list at least two(2) areas of interest, or indicate in writing purpose of journey if you selected Other			
Applicant's Signature:		Date of Application:	
<u>For mailing:.. Use Address Below:....</u> Visa Processing Center Embassy of Ghana 3512 International Drive NW Washington DC. 20008			