

Application for Ghana Entry Permit/Visa Embassy of Ghana Washington DC. REGULAR SERVICE

Visa No.: Type of Visa: Date of Issue: Issuing Officer: Charges: Applicants applying for single Single Entry Visas are advised to submit their application fourteen(14) business days prior to their date of Proved Single Entry \$60.00 NO PERSONAL CHECKS / NO CASH 1. Personal Information a. Surname /Last Name b. First Name(s) c. Previous Name (if applicable) c. Previous Name (if applicable) d. Middle Name c. Place of Birth d. Residential Address (Your permanent address) a. Street/ Mailing Address: b. City: c. State d. Zip Code: c. Home Phone No.: g. Emergency Contact Person: (Full Name) Applicant's intended date of travel JULY 3, 2018 Attach recent passport size photographs prior to complete in block/capital letters and submitted together with two(2) recent passport size photographs. FILL WITH BLACK INK ONLY L. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. 2. Passport Information a. Passport Number b. Date of Issue c. Place of Issue c	East Official Has Orde				<u> </u>		REC	, C 12 11 t	<u>SERVICE</u>	
Type of Visa: Date of Issue: Issuing Officer: Charges: Applicants applying for single Single Entry Visas are advised to submit their application fourteen(11) business days prior to their date of Travel Single Entry \$60.00 Multiple Entry \$100.00 Multiple Entry \$100	For Official Use Only					1	,			
Date of Issue: Issuing Officer: Charges: Applicants applying for single Single Entry Visas are advised to submit their application fourteen(14) business days prior to their date of Travel Money order or bank check payable to: Ghana Embassy NO PERSONAL CHECKS NO CASH 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. 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 freitred or currently unemployed, please state the address and telephone number of last/previous maployer. 4. Residential Address (Your permanent address) a. Street/Mailing Address: 1 SILBER WAY c. City d. State d. Zip Code: BOSTON MA 02215 f. Telephone Number: 1 (617) 353-9888 Your Email Address: (your email) Applicant's intended date of travel JULY 3, 2018 Is applicant in possession of roundtrip ticket? YES							Attach	2 passport		
Issuing Officer: Charges: Applicants applying for single Entry Visus are advised to submit their application fourteen(14) business days prior to their date of Travel Single Entry \$60.00 NO PERSONAL CHECKS / NO CASH I. Personal Information a. Surname /Last Name b. First Name(s) c. Previous Name (if applicable) c. Previous Name (if applicable) c. Date of Birth g. Nationality h. Former Nationality (if any) 4. Residential Address: b. City: c. State d. Zip Code: c. Home Phone No.: g. Emergency Contact Person: (Full Name) Applicant's intended date of travel Applicant's intended date of travel Money order or bank check payable to: Chana Embassy prior to their date of Pravel FILL WITH BLACK INK ONLY I. The form must be completed in block/ capital letters and submitted together with two(2) recent passport size photographs. FILL WITH BLACK INK ONLY I. The form must be completed in block/ capital letters and submitted together with two(2) recent passport size photographs. FILL WITH BLACK INK ONLY I. The form must be completed in block/ capital letters and submitted together with two(2) recent passport size photographs. S. Name and Address of Employer/School (USA) BOSTON UNIVERSITY a. Profession/Occupation STUDENT NOTE: If retired or currently unemployed, please state the address and telephone number of last/previous employer. b. Street/Mailing Address: 1 SILBER WAY c. City BOSTON MA 02215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email)						pussport size				
Charges: Applicants applying for single Single Entry Visas are advised to submit their application fourteen(14) business days prior to their date of Travel Single Entry \$60.00 Money order or bank check payable to: Ghana Embassy NO PERSONAL CHECKS / NO CASH 1. Personal Information a. Surname / Last Name b. First Name(s) c. Previous Name (if applicable) c. Previous Name (if applicable) d. Middle Name c. Place of Issue d. Middle Name c. Place of Issue d. Middle Name c. Place of Issue d. Money order or bank check payable to: Ghana Embassy two(2) recent passport size photographs. 2. Passport Information a. Passport Number b. Date of Issue c. Previous Name (if applicable) g. Nationality h. Former Nationality (if any) All Residential Address: b. City: c. State d. Zip Code: d. Zip Code: f. Cell Phone No.: g. Emergency Contact Person: (Full Name) Applicant's intended date of travel JULY 3, 2018 FILL WITH BLACK INK ONLY I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs. I. The form must be completed in block/capital letters and submitted together with two(2) rece					professionally					
Applicant's applying for single Entry Visas are advised to submit their application fourteen(14) business days prior to their date of Travel of their date of Travel of their date of Travel Single Entry \$60.00 Money order or bank check payable to: Ghana Embassy Multiple Entry \$100.00 Money order or bank check payable to: Ghana Embassy NO PERSONAL CHECKS / NO CASH 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 a. Profession/Occupation STUDENT NOTE: If retired or currently unemployed, please state the number of last/previous employer. a. Street/ Mailing Address: b. Street/Mailing Address: b. City: c. State d. Zip Code: c. City d. State: e. Zip Code: c. City d. State: e. Zip Code: b. Street/Mailing Address: f. Telephone Number: c. City d. State: e. Zip Code: c. City d. S						· ·				
to submit their application fourteen(14) business days prior to their date of Travel Single Entry \$60.00 Money order or bank check payable to: Ghana Embassy I. The form must be completed in block/ capital letters and submitted together with two(2) recent passport size photographs. 1. Personal Information a. Surname / Last Name d. Middle Name c. Place of Issue e. Date of Issue e. Date of Expiry								priotoco	opied)	
Single Entry \$60.00 Check payable to Chana Embassy	to submit their application fourtee								× Y 1	
Multiple Entry \$100.00 NO PERSONAL CHECKS NO CASH 1. Personal Information a. Surname / Last Name a. Passport Information 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 a. Profession/Occupation STUDENT g. Nationality h. Former Nationality (if any) NOTE: If retired or currently unemployed, please state the address and telephone number of last/previous employer. d. Residential Address (Your permanent address) b. Street/Mailing Address: b. City: c. State d. Zip Code: C. City d. State: e. Zip Code: d. State: e. Zip Code: h. Contact Person: (Full Name) h. Contact Person's Phone No. i. Relationship Is applicant in possesion of roundtrip ticket? Vour Email Address: Vour email Vo	Single Entry \$60.00	check pa	yable	e to:	1. Th	e fo	orm must be	e complete	ed in block/	
I. 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	Multiple Entry \$100.00	Glialia	Ш	ssy	_				•	
a. Surname /Last Name 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 g. Nationality h. Former Nationality (if any) 4. Residential Address (Your permanent address) a. Street/ Mailing Address: b. City: c. State d. Zip Code: b. Street/Mailing Address: 1 SILBER WAY c. City d. State: e. Zip Code: BOSTON MA 02215 f. Cell Phone No. g. Emergency Contact Person: (Full Name) Applicant's intended date of travel JULY 3, 2018 d. Middle Name c. Place of Issue e. Date of Expiry a. Profession/Occupation STUDENT s. Profession/Occupation STUDENT a. Profession/Occupation STUDENT b. Street/Mailing Address: a. Street/ Mailing Address: b. Street/Mailing Address: 1 SILBER WAY c. City b. State: c. City c. City d. State: c. Zip Code: BOSTON MA 02215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email) Applicant's intended date of travel JULY 3, 2018			AS	H	two(2	2) r	ecent passp	ort size p	hotographs.	
b. First Name(s) d. Middle Name c. Place of Issue e. Date of Expiry 3. Name and Address of Employer/School (USA) BOSTON UNIVERSITY e. Date of Birth f. Place of Birth g. Nationality h. Former Nationality (if any) 4. Residential Address (Your permanent address) a. Street/ Mailing Address: b. City: c. State d. Zip Code: b. City: c. City d. State: e. Zip Code: BOSTON MA O2215 f. Cell Phone No.: g. Emergency Contact Person: (Full Name) Applicant's intended date of travel JULY 3, 2018 c. Date of Expiry a. Name and Address of Employer/School (USA) BOSTON UNIVERSITY a. Profession/Occupation STUDENT NOTE: If retired or currently unemployed, please state the address and telephone number of last/previous employer. b. Street/Mailing Address: 1 SILBER WAY c. City BOSTON MA O2215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email) Applicant's intended date of travel JULY 3, 2018	1. Personal Information				2. Pa	issp	ort Inform	ation		
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) NOTE: If retired or currently unemployed, please state the address and telephone number of last/previous employer. a. Street/ Mailing Address: b. City: c. State d. Zip Code: c. City d. State: c. City d. State: e. Zip Code: C. City d. State: f. Telephone Number: f. Tel	a. Surname /Last Name				a. Pa	ssp	ort Number	b.	Date of Issue	
e. Date of Birth f. Place of Birth g. Nationality h. Former Nationality (if any) A. Residential Address h. Former Nationality (if any) A. Residential Address h. Former Nationality (if any) A. Residential Address h. Former Nationality (if any) A. Residential Address h. Former Nationality (if any) A. Residential Address h. Former Nationality (if any) A. Residential Address h. Former Nationality (if any) A. Profession/Occupation STUDENT B. WOTE If retired or currently unemployed, please state the address and telephone number of last/previous employer. b. Street/Mailing Address: b. Street/Mailing Address: 1 SILBER WAY c. City c. City d. State: e. Zip Code: BOSTON MA 02215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: h. Contact Person's Phone No. i. Relationship Applicant's intended date of travel JULY 3, 2018 Is applicant in possesion of roundtrip ticket? YES	b. First Name(s)	d. Mid	ldle	Name	c. Pla	ace	of Issue	e.	Date of Expiry	
g. Nationality h. Former Nationality (if any) 4. Residential Address a. Street/ Mailing Address: b. City: c. State d. Zip Code: e. Home Phone No.: g. Emergency Contact Person: (Full Name) h. Former Nationality (if any) NOTE: If retired or currently unemployed, please state the address and telephone number of last/previous employer. b. Street/Mailing Address: 1 SILBER WAY c. City d. State: e. Zip Code: BOSTON MA 02215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email) Applicant's intended date of travel JULY 3, 2018 Is applicant in possesion of roundtrip ticket? YES	c. Previous Name (if applicable)									
4. Residential Address (Your permanent address) a. Street/ Mailing Address: b. City: c. State d. Zip Code: c. Home Phone No.: f. Cell Phone No. g. Emergency Contact Person: (Full Name) f. Contact Person's Phone No. i. Relationship Applicant's intended date of travel JULY 3, 2018 If retired or currently unemployed, please state the address and telephone number of last/previous employer. a. Street/ Mailing Address: b. Street/Mailing Address: c. City c. City d. State: e. Zip Code: h. Contact Person: (Full Name) f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email) Applicant's intended date of travel JULY 3, 2018	e. Date of Birth f. Pl	ace of Bir	th	20,				oation		
a. Street/ Mailing Address: b. City: c. State d. Zip Code: e. Home Phone No.: f. Cell Phone No. g. Emergency Contact Person: (Full Name) Applicant's intended date of travel JULY 3, 2018 b. Street/Mailing Address: 1 SILBER WAY c. City BOSTON MA 02215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email) Is applicant in possesion of roundtrip ticket?	· ·				If retire					
b. City: c. State d. Zip Code: e. Home Phone No.: f. Cell Phone No.: g. Emergency Contact Person: (Full Name) Applicant's intended date of travel JULY 3, 2018 1 SILBER WAY c. City BOSTON MA 02215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email)	4. Residential Address (You	ır permane	ent a	address)	employe	r.	-		-	
c. City e. Home Phone No.: f. Cell Phone No.: g. Emergency Contact Person: (Full Name) h. Contact Person's Phone No. Applicant's intended date of travel JULY 3, 2018 c. City BOSTON MA 02215 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email)	a. Street/ Mailing Address:	X			b. St	ree	/Mailing A	ddress:		
e. Home Phone No.: f. Cell Phone No. g. Emergency Contact Person: (Full Name) h. Contact Person's Phone No. Applicant's intended date of travel JULY 3, 2018 BOSTON f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email) Is applicant in possesion of roundtrip ticket? YES	b. City:	. State d	. Zij	p Code:		•	1 SILE	BER \	NAY	
f. Cell Phone No. g. Emergency Contact Person: (Full Name) h. Contact Person's Phone No. i. Relationship Applicant's intended date of travel JULY 3, 2018 f. Telephone Number: +1 (617) 353-9888 Your Email Address: (your email)					c. Ci	ty		d. State:	e. Zip Code:	
g. Emergency Contact Person: (Full Name) +1 (617) 353-9888 Your Email Address: (your email) Applicant's intended date of travel JULY 3, 2018 +1 (617) 353-9888 Your Email Address: (your email)	e. Home Phone No.:	•			BOS	ST(ON	MA	02215	
h. Contact Person's Phone No. i. Relationship (your email) Applicant's intended date of travel JULY 3, 2018 Your Email Address: (your email) Is applicant in possession of roundtrip ticket? YES	f. Cell Phone No.				f. Te	lep	hone Numb	er:	•	
h. Contact Person's Phone No. i. Relationship (your email) Applicant's intended date of travel JULY 3, 2018 Is applicant in possession of roundtrip ticket? YES	g. Emergency Contact Person	: (Full Nar	ne)		+1 ((61	7) 353-9	888		
Applicant's intended date of travel JULY 3, 2018 Is applicant in possession of roundtrip ticket? YES					Your	· Er	<mark>nail</mark> Addres	s:		
JULY 3, 2018 ticket? YES	h. Contact Person's Phone No	i. Re	latio	onship	(yo	ur e	email)			
JULY 3, 2018 ticket? YES				T =						
Amount of manay Amiliant is travalling. If (yes) Indicate tisket number	JULY 3, 2018			ticket	YES			_		
Amount of money Applicant is travelling with If (yes) Indicate ticket number:	Amount of money Applicant i	s travellin	g	If (yes	s) Indic	ate	ticket num	ber:		
Traveling by: Air Sea Land				Sea			Land			



Application for Ghana Entry Permit/Visa

Embassy of Ghana Washington DC

Purpose of Journe	v:								
<u></u> — —	· —	Employment	Off	icial Trans	sit Student Other				
5. Name, Addr			f Lodgi	ng place/Cont	act Person/s in Ghana				
a. Name of Hotel/			f.	f. Contact Person in Ghana, Name and Address					
LIŽZY'S SPO	RTS COMP	PLEX	K\	KWASI OWUSU-ANTOH					
b. Street (Mailing				g. Street(Mailing address)					
COTTON ST	REET		LAN	LANCASTER UNIVERSITY GHANA, JUNGLE ROAD					
c. City/Town	d. Region			h. City/Town i. Region					
ACCRA	ACCRA			EAST LEGON ACCRA					
e. Telephone Num				j. Tel. Number:+233 (0)302 747 700					
6. Iî you select (dicate name a	nd add	ress of employ	er in Ghana				
a. Name of Emplo	-			•					
b. Address/P .O B									
c. City/Town	d. Reg	ion		e. Telephon	e Number				
				(0.3)					
7. Duration of sta	y in Ghana			8. Date of I	ast visit to Ghana				
45 DAYS		Al	JGUST	18, 2018					
For Tourism 1	ist at least town	(2) areas of int							
9. For Tourism, list at least two(2) areas of interest, or indicate in writing purpose of journey if you solveted Other									
if you selected Other									
	-								
		/							
Applicant's Sig	nature:		D	ate of Applicat	tion:				
100		SIGN HERE							
A 40 P			!						
For mailing: Us	<u>e Address Belo</u>	w:							
Visa Processing (
Embassy of Ghan									
3512 International									
Washington DC.	20008								