Г	For Official Use Only:	APPLICATION FOR A VISA	Form 1
		REPUBLIC OF BOTSWANA	博苑东納
	File Number:	IMMIGRATION ACT	
L		(Cap. 25:02)	
1	Name (in full): Surname:	(Regulation 7(1)) Please use block letters and black ink only	
			Photo
	First Name:		3cm x 4cm
	Middle Name		
	Middle Name:		
	Previous/Maiden Surname:		
2	Age: Date of Birth:	<u></u>	
	Country of Birth:		
	Place of Birth:		
	Place of Birth.		
	Sex: Male Female Ma	arital Status: Single Married Divorced Separated	Widowed
3	. Nationality (state name of country):		
4	. (a) Type of Visa required Diplomatic Official Employment Business		mber of Entries
			ultiple
5	. Address in Botswana		
	Town/Village:		
	Street/Ward:	Dist/Hause No.	
		Plot/House No.	
e	. Address in Country of Domicile: Country:		
	Town/Village:		
	Street/Ward:	Plot/House No.	
7	Occupation:	2° 1	
	Qualifications:		
8	. Proposed Length of Stay on whether travelling i	n transit without break of journey: days.	
9	Reasons in full for wishing to travel to the Reput (Satisfactory evidence will be required as to the produce certificates from their employers as to Bankers reference may be required):	object of Botswana object of the proposed journey. Employees of firms or persons acting on the nature and physical address of the business on which they are	behalf of firms must proceeding abroad.

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10. Requested Validity Perlod of Visa From: D D M M Y Y Y Y T To: D D M M Y Y Y Y Y	
11. References in Country of Destination (with Names, Physical Address, Telephone No, Residence Permit No, ID No):	
(1)	
12. Please indicate what money or cash (amount) will be at your disposal during your visit: USD EUR ZAR Other:	ل
13. Particulars of Passport or other travel documents which should be submitted with this Application.	
Number: Place of Issue:	
Date of Issue: Date of Expiry: D D M M Y Y Y Y D D M M Y Y Y Y Valid Until:	
Return Visa Io:	
14. Preferred method of communication:	
E-mail	
Cell phone Number: Telephone Number: SMS SMS SMS SMS SMS SMS SMS SMS SMS SM	
Post Postal Address:	
Country:	
Town/Village: P.O. Box/P. Bag:	
Part Office Location	
Post Office Location:	
I DECLARE that the above particulars given by me are true in substance and in fact.	
Date: Signature of Applicant:	
D D M M Y Y Y Y	

AT LEAST FOURTEEN DAY'S NOTICE should be given for each application.

NOTE: Any visa granted on this application will be subject to compliance with the Immigration Act and Regulations of the Republic of Botswana.