



EMBASSY OF GHANA
 EGEBJERG ALLÉ 13, DK-2900 HELLERUP
 TEL NO. +45 39 62 82 22 FAX NO. +45 39 62 16 52

Submit 1 Form & 1 photo Only

For Official Use

Visa No: _____
 Type of Visa: _____
 Date of Issue: _____
 Endorsed for: _____
 Charges: _____
 Signature of Issuing Officer: _____

**Stick
 PHOTO
 here**

Instructions (also see attached guidelines)

1. This form must be duly completed and in capital (BLOCK) letters and submitted together with 1 recent identical passport-size picture and the appropriate visa fee at least fifteen (15) days before intended date of departure.
2. Full names and addresses, including telephone numbers of references in Ghana should be stated.
3. Any information subsequently found to be incorrect on this form may render the Entry Permit/Visa void.
4. Applications by post should be accompanied by self-addressed stamped envelopes or DKK 150.00 for return registered postage for 1 passport.
5. Applications for Business Visas should be supported by an invitation from counterpart in Ghana and a letter of guarantee from the sponsor of the trip.
6. All consular and visa fees can be paid into Danske Bank Swift DABADKKK – DK 3530003109114847. Applicants must pay all charges both domestic and foreign.

Please Indicate
Fee Code *



(*) *Mandatory fields* **Every field is mandatory: Applicants will be requested to re-submit new applications for wrong information and Blank Spaces.**

Section 1

a) Surname:*		b) First Name(s):*	
c) Previous Name (if applicable):			d) Nationality:*
e) Date & Place of Birth:*		f) Email:*	

Section 2

a) Passport No.:	b) Date of Issue: * (dd-mmm-yyyy)	c) Date of Expiry: * (dd-mmm-yyyy)
d) Place of Issue:*		e) Former Nationality (if any):

Section 3

a) Profession/Occupation :*	b) Workplace/School * Address	c) Tel. No.:
d) Country of Current residence:*	e) Residential Address:*	f) Tel. No.:

Section 4

a) Intended date of travel to Ghana: * (dd-mmm-yyyy)	b) Means of Travel: Air <input type="checkbox"/> Sea <input type="checkbox"/> Land <input type="checkbox"/>	c) Financial Means at Applicant's Disposal:
d) Is applicant in possession of a return ticket? Yes <input type="checkbox"/> No <input type="checkbox"/>	e) If Yes, provide Ticket No.:	f) Date of Last Visit to Ghana: * (dd-mmm-yyyy)
g) Purpose of Journey*		
h) Type of Visa: * i) Single Entry Visa <input type="checkbox"/> ii) Multiple Entry Visa <input type="checkbox"/> If Multiple please indicate how long:		iii) Duration of Stay in Ghana*.

Section 5

1st Reference in Ghana a) Full Name: *	b) House Number / Street Address: * Example: B234/18 Dome-Accra OR: Abele Street 5, Dansoman - Accra	d) Tel No.: *
	c) P.O. Box Address: * Example: P.O.Box DS 234 Dansoman - Accra	
2nd Reference in Ghana a) Full Name: *	b) House Number / Street Address: * Example: B234/18 Dome-Accra OR: Abele Street 5, Dansoman - Accra	d) Tel No.: *
	c) P.O. Box Address: * Example: P.O.Box DS 234 Dansoman - Accra	

Signature: _____

Date: _____

Please note that unsigned visa application forms will be considered as incomplete and will cause the application to be rejected.

(*) Applicants transferring money should be aware of current bank charges. Contact your bank for more information.