

Ref. _____



REPUBLIC OF BENIN

U.K. Consulate
Millennium Business Centre
Humber Road
London NW2 6DW

Tel: 0208 830 8612 Email: beninconsulate@hotmail.co.uk
Fax: 0208 830 8925 www.beninconsulate.co.uk

VISA APPLICATION

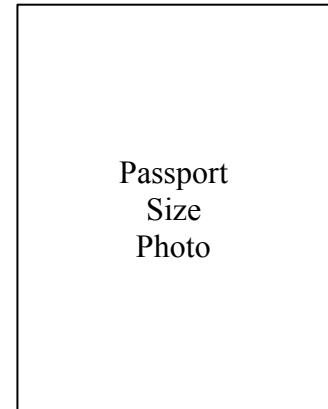
Surname: _____

First Name: _____

Nationality: _____

Date of Birth: _____

Address: _____



Post Code: _____ Daytime Phone No: _____

Name/Address/Phone Number of someone to contact in case of emergency:

Please tick type of visa required:

- | | | |
|------------------------|--------------------------|------|
| 15 day single entry | <input type="checkbox"/> | £60 |
| 30 day single entry | <input type="checkbox"/> | £70 |
| 30 day double entry | <input type="checkbox"/> | £80 |
| 90 day single entry | <input type="checkbox"/> | £90 |
| 90 day double entry | <input type="checkbox"/> | £100 |
| 180 day multiple entry | <input type="checkbox"/> | £120 |

Passport Details: Number: _____

Date of Issue: _____

Date of Expiry: _____

Issued by: _____

Please turn over

Occupation: _____

Purpose of Visit: _____

**If travelling on business, give names of companies and organisations
you intend to visit:** _____

State point of entry into the Republic of Benin: _____

State intended date of entry: _____

State your full address while in the Republic of Benin: _____

**I undertake not to accept any employment, paid or unpaid, while in
the Republic of Benin and to leave the Country when my visa expires.**

**Further, I understand that by signing this application, any false statement could
result in prosecution and that any application in the future for a visa may be refused.**

Date: _____ **Signed:** _____