

## APPLICATION FOR TEMPORARY ENTRY TO THE KINGDOM OF LESOTHO

		VISA APPLICATION NO.
Fil	ll and C	Complete required information.
	1.	SURNAME
	2.	GIVEN NAMES
	3.	DATE OF BIRTH DAY MONTHYEAR
	4.	PLACE OF BIRTH COUNTRY
	5.	CIVIL STATUS: MARRIED ( ) SINGLE ( ) WIDOWED ( ) DIVORCED ( )
	6.	PRESENT NATIONALITY
	7.	COUNTRY OF PERMANENT RESIDENCE
	8.	PRESENT ADDRESS
	9.	PROFESSION
	10.	EMPLOYER'S ADDRESS AND TEL.
	11.	TRAVEL DOCUMENT NO
	12.	DATE OF ISSUE
	13.	DATE OF EXPIRY
	14.	COUNTRY & PLACE OF ISSUE
	15.	WHAT IS THE INTENDED DURATION OF YOUR STAY IN LESOTHO?

16.	Means of Transport: Car Reg. No.; Ticket No.; and Flight No.
17.	Reasons of your journey: -
	<ul> <li>Tourism</li> <li>Family visit</li> <li>Professional Employment/ Consultancy/ business reasons</li> <li>Other Specify</li> </ul>
*	For employment enclose a copy of letter of appointment/ contract/ copy of work permit.
18.	If you are joining spouse, parent(s) or relatives(s) give particulars of their Employment in the Kingdom of Lesotho including their full address, and the telephone no. where applicable.
19.	Physical and postal address in the Kingdom of Lesotho
20.	Have you ever been to Lesotho: if so when?
	Date, month and year of last visit
21.	Where did you stay?
22.	Have you ever applied for a Lesotho visa before?
00	Indicate whether granted ( ) rejected ( ) no reply ( )
23.	Port of entry into Kingdom of Lesotho

24.	Port of Final departure from the Kingdom of Lesotho
25.	How much money do you have: -(Not applicable for Diplomats and Government officials)
	M
	Rs
	£/US\$
26.	During the past 5 years, have you or any member of your family accompanying you lived in any other country? If yes, state where and for how long.
27.	I undertake not to take any employment during my stay in the Kingdom of Lesotho or settle there permanently. I shall leave the country on expiry of the visa if granted. My signature binds me and makes me liable to prosecution and/or deportation in case of false declaration and to refusal of any visa in future.
28.	Date and signature of applicant(Legal guardian/parent for minors)
Your ap	plication shall be rejected if the form is not correctly filled or some
	FILL IN THIS SPACE FOR OFFICIAL USE ONLY.
☐ Approv	ved .  Rejected lumber
Signature	e Date

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