

The Republic of The Sudan
Ministry of Interior
Passport & Immigration General Directorate
Application for Entry Visa

Surname _____ Full Name _____

Mother's Name _____ Nationality _____ Religion _____

Place and Date of Birth _____

D	D	M	M	Y	Y	Y	Y
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Sex: Male Female Profession _____

Home Address _____ Telephone _____

_____ Fax _____

_____ E-mail _____

Type of Document: National Passport Travel Document Other

No _____ Place of Issue _____

Date of Issue

D	D	M	M	Y	Y	Y	Y
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 Date of Expiry

D	D	M	M	Y	Y	Y	Y
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Names of Persons Accompanying the Applicant (Under 16 Years)

Name	Relation	Date of Birth	Sex	
			Male	Female

Purpose of Visit

Work Official NGO Investment Visit
 Study Tourism Treatment Other

SponsorGovernment Company Educational Institute Other

Name _____

Address _____

Telephone _____

Signature _____ Date _____

Supporting Documents

Passport Copy Labour Office Approval Guarantee Certificate
 Educational Institute Approval Health Certificate Other

Official Use

Acceptance of Application <input type="checkbox"/>	Reason _____
Rejection <input type="checkbox"/>	_____
Name of Officer _____	Date _____
Signature _____	Stamp _____ Office _____