AMBASSADE DE LA REPUBLIQUE DU NIGER 2204 R Street, NW, Washington, DC 20008 USA





VISA APPLICATION FORM

1. APPLICANT'S INFORMATION

Last Name:	First Name:	
Date of Birth:	Place of Birth:	
Occupation:	Citizenship:	
Gender: M. F	Marital Status:	
Address in the USA	Address in Niger	
1000000		
Telephone (Private):	Business: E-mail:	12
Date of Entry in Niger:	Airline:	
Length of Stay:	City of Disembarkation:	
Have you visited Niger?	Date of Disembarkation:	
Purpose of the Visit: Diplomatic O	Official Business Tourism Family	
Other (Specify):	neigheast an orang	
Name of the person accompanying the applic	ant: Relation:	
3. EMERGENCY CONTACT:	In the USA/Place of Posidones	Vg.
In Niger	In the USA/Place of Residence	
In Niger Last and First Name:	Last and First Name:	
In Niger		
In Niger Last and First Name: Telephone: Relation to the Applicant: 4. CERTIFICATION: I, the undersign that I will abide by the Laws and Report Processing Control of the	Last and First Name: Telephone: Relation to the Applicant: ned, hereby certify that all the above information are accurate, agulations of the Republic of Niger during my stay.	ind
In Niger Last and First Name: Telephone: Relation to the Applicant: 4. CERTIFICATION: I, the undersign that I will abide by the Laws and Report Processing Control of the	Last and First Name: Telephone: Relation to the Applicant: ned, hereby certify that all the above information are accurate,	ind
In Niger Last and First Name: Telephone: Relation to the Applicant: 4. CERTIFICATION: I, the undersign that I will abide by the Laws and Regional Signature:	Last and First Name: Telephone: Relation to the Applicant: ned, hereby certify that all the above information are accurate, agulations of the Republic of Niger during my stay.	and
In Niger Last and First Name: Telephone: Relation to the Applicant: 4. CERTIFICATION: I, the undersign that I will abide by the Laws and Regional Control of the Control	Last and First Name: Telephone: Relation to the Applicant: ned, hereby certify that all the above information are accurate, agulations of the Republic of Niger during my stay. Date de Signature: Y: PLEASE, DO NOT WRITE BELOW	and
In Niger Last and First Name: Telephone: Relation to the Applicant: 4. CERTIFICATION: I, the undersign that I will abide by the Laws and Regional Signature:	Last and First Name: Telephone: Relation to the Applicant: med, hereby certify that all the above information are accurate, agulations of the Republic of Niger during my stay. Date de Signature:	nnd

Telephone: (202)483-4224/4225/4226 Fax: (202)483-3169 E-mail: communication/a/embassyofniger.org