Democratic Republic of Congo 866 UNITED NATIONS PLAZA, ROOM 511 - NEW YORK, N.Y. 10017 TEL.: 212-319.8061 - FAX: 212-319.8232 Website:http//www.un.int/drcongo		
VISA APPLICATION FORM (IN ENGLISH)		
1. Applicant's Name (First, Middle, Last) :		
2. Occupation:3	. Place of birth:	4.Date of birth:
5. Nationalité :		
6.Current Address:		
Home Phone: Work Phone:		
7. Passport N0 :	8. Date of Issuance	:
9. Issuing Authority :	10. Place of Iss	suance :
11.Date of Expiration :	Two passeport ph	otos: YesNo
12 Number of entries: 13. Duration of Stay in Congo:Where?		
14. Reason(s) for entry(ies) :		
15.Date of entry in the Congo:16.Place of entry(City/Province)		
17. Father's Name (First and La	st):N	Nationality:
18. Mother's Name (First and La	ast):N	lationality:
19. Have you ever entered the Congo? Yes_ No_ 20. Number of entries:_ 21. When?		
Where?    Major reason(s) for these(s) entry(ies)		

 22. Reference (Names, address):

 23. Applicant's signature:

 24. Application date: New York,

## PLEASE DO NOT WRITE IN SPACE BELOW

25. Application N0 : \_\_\_\_\_26. Visa : \_\_\_\_ Granted\_\_ Denied 27. Type of visa granted: \_\_\_\_\_\_ 28. Date of expiration: \_\_\_\_29. Number of entries: \_\_\_\_30. Duration of stay in Congo: \_\_\_\_\_ Visa Fee in US dollars:

## Visa requirements

Starting January 5, 1998, all applicants are respectfully requested to abide by the following regulations when applying for a visa for the Democratic Republic of the Congo.

- Valid passport
- Two applications forms properly filled out; date and signed by the applicant.
- Two recent identical passport photos
- International certificates of vaccination showing proof of immunity against yellow fever (valid within six months).
- a) A round trip airline ticket or letter from a travel agency showing the itinerary to and from the Republic Democratic of Congo.
- b) In case of tourists, a proof of sufficient fund (bank Statement) for the length of stay is requested.
- c) In case of a business trip, the applicant may present letter (two copies) from the firm or company stating the purpose of the trip and assuring the financial support to the applicant.
- Mailed application should be sent in along with a self-addressed enveloped and sufficient US postage.
- The consulate reserves the right to grant or not to issue a visa in accordance with the instructions received.
- Those who do not have a US passport, are required to contact the visa department for

further information; two copies of green card for a US resident are required.

- For minors (age below 18), original of parents' authorization is required.
- Please allow 48 hours for processing the application.
- Office hours for visa department are Monday to Friday, 10:00 AM to noon.

## FEE

- 75 US \$: One month with one entry
- 90 US \$: One month with multiple entries
- 220 US \$: Two months or more with one or multiple entries
- 20 US \$: For legalization
- 20 US \$: For birth certificate.
- All payment should be made with money ordrer to "Mission of D.R.Congo"
- Sorry, no cash or personal check accepted

## **PROOF OF IMMUNIZATION**

- Required: Typhoïd, meningite, yellow fever, hepatite A, hepatite B.
- Optional: diphtheria, Tetanos, Polio
- Own preventive measure: Malaria.
- For further Information
- State Department : (202) 647 5225
- Center for Desease Control: (404) 332- 4559