

**EMBASSY OF THE KINGDOM OF LESOTHO**  
**2511 Massachusetts Ave., NW**  
**Washington, DC 20008**  
**Tel: (202) 797-5533 Fax: (202) 234-6815**

**VISA APPLICATION**

To be completed in Block Letters:

1. SURNAME..... MAIDEN NAME.....
2. FORENAMES..... SEX.....
3. NATIONALITY (at PRESENT) .....
4. PREVIOUS NATIONALITY.....
5. DATE OF BIRTH..... TOWN/CITY..... COUNTRY.....
6. PASSPORT NO. .... ISSUED AT..... ON.....
7. OCCUPATION.....
8. MARITAL STATUS.....
9. PERMANENT ADDRESS.....

.....  
 TEL. NO.....

10. DATE OF ARRIVAL IN LESOTHO.....  
 ADDRESS IN LESOTHO.....
11. PURPOSE OF THE VISIT.....
12. DURATION OF THE VISIT.....
13. VEHICLE/FLIGHT NUMBER.....
14. WHERE WILL YOU GO ON LEAVING LESOTHO.....

15. DETAILS OF CHILDREN ACCOMPANYING YOU WHO ARE ALSO INCLUDED IN YOUR PASSPORT:

	FORENAMES & SURNAME	DATE & PLACE OF BIRTH	SEX
(i)	.....	.....	.....
(ii)	.....	.....	.....
(iii)	.....	.....	.....
(iv)	.....	.....	.....

16. DETAILS OF RELATIVES/ACQUAINTANCES IN LESOTHO:

	NAME	ADDRESS	NATURE	OF
	BUSINESS/			RELATIONSHIP
(i)	.....	.....	.....	.....
(ii)	.....	.....	.....	.....
(iii)	.....	.....	.....	.....
(iv)	.....	.....	.....	.....

SIGNATURE OF APPLICANT.....

DATE.....