**REPOBLIKAN'I MADAGASIKARA**
**Fitiavana – Fahafahana – Fahamarinana**
**----------**

EMBASSY OF MADAGASCAR
Washington, D.C. U.S.A.

| | |
|---|---|
| **Surname** | **Recent photograph**<br><br>US passport standard required |
| **Maiden Name** | |
| **Name** | |
| **Date of birth** | |
| **Place and country of birth** | |

| Current nationality | Nationality at birth |
|---|---|
| Marital status: | |
| Home address:<br><br>Email :<br><br>Telephone : (_____) _____ - _____ | |
| Occupation | |
| **Passport #** Issued by : | |
| Date of issuance: Date of expiration: | |

| **Nature and length of stay** | | | |
|---|---|---|---|
| Type of visa requested (please, circle applicable) : | | | |
| Business | Boat sailing | Conference/ Workshop | Courtesy |
| Diplomatic | Family event | Family reunion | Film shooting |
| Investment | Laïc mission | Native | Religious mission |
| Scientific research | Sport,cultural event | Studies | Tourism |
| Cruise | Health care | Retirement | Work |
| Length of stay (check and circle applicable)<br><br>☐ Duration of stay _____days/month<br><br>☐ One month Transformable. | | | |
| Number of requested entry (please, circle applicable):<br><br>One Two Three | | | |

**<u>For official use only</u>**

Surname _____

Name_____

Visa #_____

Issuance date _____

Expiration date _____

Permitted length of stay _____

Number of allowed entry _____

File reference_____

| |
|---|
| Names and surnames of relatives travelling with you. |
| If you are travelling for business, please provide the name and address of the correspondent you are to contact. |
| If you are travelling to attend a convention or meeting, please indicate the name and address of the organizing party, and the date of said convention or meeting. |
| If you are travelling for the purpose of training, research or studies, please indicate the name and address of the sponsoring entity, and the duration for the training, research or studies. |
| Have you ever visited Madagascar before? If yes, for what purpose, when and how long did you stay? |
| Have you ever lived in Madagascar for more than three months straight? If yes, please indicate the dates and place(s). |
| Name and address of reference in the U.S.A. |
| Name and address of reference in Madagascar |

| | |
|---|---|
| Date and port of entry in Madagascar:<br><br>Means of transportation: | Date and port of departure from Madagascar:<br><br>Means of transportation: |
| Your address(es) in Madagascar | |

**IMPORTANT**:

I agree to accept no paid or "au pair" position during my stay in Madagascar, not to settle down definitely in the country, and to leave the Malagasy territory upon the expiration of my visa.

By signing this application, I certify that all the above statement is true; and in case of incorrect declaration or falsification on my part, I understand that, in addition to any penalties imposed by Law, I would be unable to receive any Malagasy visa in the future.

**For official use only**

*Avis du Chef de poste :*

**Place**_____ D**ate**_____

_____

**Signature**

Visa will only be issued when the application is dully filled out, dated and signed. With the exception of the passport, vaccination certificate and airline ticket, all other supporting documents will not be returned to the applicant.