



EMBASSY OF GHANA  
 EGEBJERG ALLÉ 13, DK-2900 HELLERUP  
 TEL NO. +45 39 62 82 22 FAX NO. +45 39 62 16 52  
 APPLICATION FOR GHANA ENTRY PERMIT/VISA

For Official Use

Visa No \_\_\_\_\_  
 Type of Visa \_\_\_\_\_  
 Date of Issue \_\_\_\_\_  
 Endorsed for \_\_\_\_\_  
 Charges \_\_\_\_\_  
 Signature of Issuing Officer \_\_\_\_\_

Affix photograph  
here

Instructions (also see attached guidelines)

1. This form must be completed in quadruplicate (4 copies) and in capital (block) letters and submitted together with 4 recent and identical passport-size pictures and the appropriate visa fee at least seven (7) days before intended date of departure.
2. Full names and addresses, (including telephone numbers if available) of references in Ghana should be stated.
3. Any information stated on this form and subsequently found to be incorrect may render the Entry Permit/Visa void.
4. Applications by post should be accompanied by self-addressed stamped envelopes, international stamp coupons or DKK 1 0 0.00 for return registered postage.
5. Applications for Business Visas should be supported by an invitation from counterpart in Ghana and a letter of guarantee from the sponsor of the trip.
6. Foreign cheques drawn on Danske Bank attract a bank charge of DKK 1 0 0.00 and those drawn on other banks DKK 1 0 0.00.

1. Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Previous Name (if applicable) \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Former Nationality (if any) \_\_\_\_\_

2. Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

3. Profession/Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

Residential Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

4. Proposed Date of Departure \_\_\_\_\_ 5. Means of Travel: Air/Sea/Land \_\_\_\_\_

Is applicant in possession of a return ticket? \_\_\_\_\_ Ticket No. \_\_\_\_\_

Financial Means at Applicant's Disposal \_\_\_\_\_

6. Purpose of Journey \_\_\_\_\_

7. Names & Addresses of Two References in Ghana:

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8. Name and Address of Employer in Ghana (if applicable) \_\_\_\_\_

9. Duration of Stay in Ghana \_\_\_\_\_ Multiple Entry Visa \_\_\_\_\_ Single Entry Visa \_\_\_\_\_

10. Date of Last Visit to Ghana \_\_\_\_\_

II. \*Accompanied by: (a) Name \_\_\_\_\_ (b) Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_