



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 fifteen (15) 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.
7. All consular and visa fees can be paid into Danske Bank Swift DABADKKK – DK 3530003109114847. Applicants must pay all charges both domestic and foreign. APPLICATIONS IN WHICH THE EMBASSY IS DEBITED WITH CHARGES IN ANY FORM WILL NOT BE PROCESSED.

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 _____

*Please complete Section 11 if sharing a passport and travelling together. Persons travelling on the same passport are charged separately.